



VILLAGE OF GURNEE

PUBLIC PASSENGER VEHICLE OPERATORS LICENSE



TYPE OF APPLICATION:	INITIAL APPLICATION <input type="checkbox"/>	RENEWAL APPLICATION <input type="checkbox"/>	DATE: _____
TYPE OF LICENSE REQUESTED:	TAXI CAB <input type="checkbox"/>	LIVERY <input type="checkbox"/>	OTHER <input type="checkbox"/>

COMPANY NAME: _____

APPLICANT NAME: _____

Last
First
Middle

ADDRESS: _____ CITY/STATE/ZIP: _____

DATE OF BIRTH		SEX	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DRIVER'S LICENSE		RACE	
HEIGHT		GLASSES	YES <input type="checkbox"/> NO <input type="checkbox"/>
WEIGHT		HOME PHONE NUMBER	
HAIR COLOR		CELL PHONE NUMBER	
EYE COLOR		OTHER:	

HAVE YOU EVER BEEN DENIED AN OPERATOR LICENSE? YES NO
 IF YOU ANSWERED YES, IN WHAT MUNICIPALITY AND WHY? _____

IN THE LAST THREE YEARS, HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED IN ANY STATE? YES NO
 IF YES, PLEASE EXPLAIN WHY _____

ARE YOU PRESENTLY UNDER THE CARE OF A PHYSICIAN? YES NO
 IF YOU ANSWERED YES, PLEASE GIVE REASON _____

ARE YOU PRESENTLY TAKING ANY MEDICATIONS, WHICH COULD IMPAIR YOUR ABILITY TO DRIVE? YES NO
 IF YES, PLEASE LIST THEM _____

IN THE LAST FIVE YEARS, HAVE YOU BEEN UNDER THE CARE OF A MENTAL HEALTH PROFESSIONAL? YES NO
 IF YES, PLEASE EXPLAIN WHY _____

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY IN THE LAST FIVE YEARS? FAILURE TO PROVIDE ACCURATE INFORMATION IS CAUSE FOR LICENSE DENIAL

YES

NO

IF YES, REASON _____

I hereby make application for a village of Gurnee Public Passenger Vehicle Operators License and affirm that the information I have provided above is true and accurate. I give permission to the Gurnee Police department to verify all information I provided by conducting a background investigation. I realize that if I have provided inaccurate information I may be denied a license. I further agree to inform the village of Gurnee, in writing within ten days if any of the information I have provided above changes. I understand that this license may be revoked at any time, for due cause, at the discretion of the village Administrator or his/her designee.

Applicant's Signature

Date Filed

ATTACHMENTS

(Applicant must return with these additional items):

DRIVERS INFO

- OPERATORS APPLICATION FORM (BOTH SIDES OF THIS FORM FULLY COMPLETED)
- \$20.00 APPLICATION FEE (Non-refundable)
- TWO (2) CURRENT COLOR PASSPORT SIZE PHOTOGRAPHS (2" x 2")
- PHOTO COPY OF YOUR DRIVER'S LICENSE
- PROOF OF EMPLOYMENT (LETTER STATING THAT YOU DRIVE FOR LISTED COMPANY)
- PROOF OF CRIMINAL HISTORY CONVICTION CHECK (INCLUDING RECEIPT WITH T.C.N)
- DRIVING ABSTRACT (available at DMV)

THIS APPLICATION IS ONLY GOOD FOR 30 DAYS, FROM THE DATE OF APPLICATION

FOR OFFICE USE ONLY

LOCAL RECORDS CHECK:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
APPLICATION APPROVED:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
APPLICATION DENIED:	<input type="checkbox"/> REASON FOR DENIAL: _____ _____		
REVIEWER'S SIGNATURE:		DATE:	
OPERATOR'S LICENSE NO.:		ISSUED BY:	
DATE ISSUED:		DATE EXPIRES:	