



# City of **MENOMONIE**

[clerk@menomonie-wi.gov](mailto:clerk@menomonie-wi.gov)

(715) 232-2221 Ext 1006

800 Wilson Avenue

Menomonie, WI 54751

## CAB DRIVER LICENSE APPLICATION

Application Date: \_\_\_\_\_

I hereby apply for a license to drive taxi cab for a period ending June 30<sup>th</sup>, 20\_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for a cab driver license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the property discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, its officers and employees from any liability for damages which may result to me on account of compliance with this authorization.

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Applicant Signature

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Date

Fee: \$40.00 (\$30.00 License Fee + \$10.00 Investigation Fee)

Receipt: \_\_\_\_\_ Original to Police Department: \_\_\_\_\_