



City Clerk's Office  
 300 W. Ash, Rm. 206  
 P.O. Box 736  
 Salina, KS 67402-0736  
 (785) 309-5735

Badge # _____
Year _____

## APPLICATION FOR TAXI CAB DRIVER'S LICENSE

**Note: Applicant must hold a VALID Kansas Drivers License in order to obtain this license.**

New Application

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Ks. D.L. Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ M  F  Weight \_\_\_\_ Height \_\_\_\_ Hair \_\_\_\_ Eyes \_\_\_\_\_

Are you currently employed by a taxi service? If yes, which one? \_\_\_\_\_

.....  
 Have you **EVER** been convicted of a felony or misdemeanor? Yes  No  If yes, when, where and for what offenses.

DATE	WHERE	OFFENSE

Have you **EVER** had a diversion or conviction for Driving Under the Influence? Yes  No  If yes, when and where.

DATE	WHERE

**WITHIN THE LAST 5 YEARS:**

Have you had any traffic convictions? Yes  No  If yes, when, where, and why.

DATE	WHERE	WHY

Has your driver's license been suspended or revoked? Yes  No  If yes, when, where, and why.

DATE	WHERE	WHY

List all accidents you have had while driving, even those not your fault.

DATE	WHERE	WHY

(OVER)

I understand that this application must be submitted to the City Clerk's office with the application fee. I agree to comply with all requirements of the Salina Code and regulations relating to taxi drivers. **I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I understand that my records will be checked and if I am found to have misrepresented the facts in this application it will be denied.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

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Fee paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

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**Approved/Denied**

Date \_\_\_\_\_ City Clerk \_\_\_\_\_

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**Denied/Approved after appeal**

Date \_\_\_\_\_ City Manager \_\_\_\_\_

Comments:

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