

3C. Have you ever been arrested or convicted of driving while intoxicated; or, placed on court supervision for driving while intoxicated? [Mark one of the following]

()YES ()NO

If yes, give details below: (attach additional sheet, if necessary)

DATE:	JURISDICTION(City/Co/St):	CHARGE:	DISPOSITION:
_____	_____	_____	_____
_____	_____	_____	_____

4C. Have you been arrested or convicted of a moving violation within the five years prior to applying for this license; or, placed on probation for a moving violation within the five years prior to applying for this license?

[Mark one of the following]

()YES ()NO

If yes, give details below: (attach additional sheet, if necessary)

DATE:	JURISDICTION(City/Co/St):	CHARGE:	DISPOSITION:
_____	_____	_____	_____
_____	_____	_____	_____

5C. Have you had a taxicab driver's license, issued by *this* City, revoked within the past five years?

[Mark one of the following]

()YES ()NO

If yes, give details below: (attach additional sheet, if necessary)

DATE:	JURISDICTION(City/Co/St):	CHARGE:	DISPOSITION:
_____	_____	_____	_____
_____	_____	_____	_____

6. Have you applied for a taxicab license *in this* City within the past five years?

[Mark one of the following]

()YES ()NO If YES, when? _____

AFFIDAVIT

By signing this application, I verify that I have good eyesight and am not subject to any infirmity of the body or mind which might render me unfit for the safe operation of a taxicab. Further, I verify that I am able to speak, read, and write the English language plainly. Further, I hereby state that I have not knowingly furnished false or misleading information nor caused another to furnish or withhold information on my behalf.

Further, the undersigned, being duly sworn, hereby attest, under penalty of perjury that I have paid all taxes or other debts owed to the City of Springfield. I understand that the commissioner shall refuse to issue this license until such time as all taxes and outstanding debts are paid.

Applicant's Signature: _____ Date: _____

SPACE BELOW IS FOR OFFICE USE ONLY

Investigation Completed: _____ Approved: _____ Denied: _____ Date: _____

If approved, appropriate fee established by ordinance shall be paid before license is issued.

License # issued: _____ Date: _____

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
TO THE SPRINGFIELD DEPARTMENT OF BUSINESS LICENSING**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to a duly authorized agent of the Springfield, Illinois, Department of Business Licensing, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of criminal arrest records, credit history, employment records, efficiency ratings and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability to receive a taxi cab driver's license in the City of Springfield.

I also understand this authorization to furnish information is executed in consideration of the processing of my application for a taxi cab driver's license.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability that may be incurred as a result of the release or collection of such information.

A photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Witness

Date

Signature

Print Name

Maiden Name (if applicable)

Address

City/State/Zip Code

Date of Birth

Social Security Number
