



Sparta Police Department Taxi Cab Driver Application

First Name	Middle Initial	Last Name
Date of Birth:		Drivers' License #:
Address:		City, State, Zip:
Phone Number:		
Do you owe any money to Sparta Municipal Court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Do you owe any money to the City of Sparta (water, taxes, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
By signing this application, I agree to the following: 1. That the information I have provided is true and accurate. 2. That I agree to comply with the no smoking policies that govern public transportation and understand that violating the city's no-smoking laws constitutes a breach of licensing. I hereby acknowledge agreement and fully understand that smoking in a taxi cab is prohibited. Printed Name _____ Signature _____ Date _____		

Municipal Code 12.192

All taxi drivers shall be licensed drivers of the state and at least 18 years of age. All drivers shall submit their driver's license to the police department for inspection before driving or operating a taxicab. Each driver shall give courteous service to the public and shall comply with all state traffic laws and Ch. 7 of this Code. The drivers traffic and criminal record shall be reviewed by the police department for substantial relation to licensure and operation of a public conveyance vehicle, as permitted under Wisconsin law. (Am. 2/19/2008#749) (11)

Verification of Operator Status (To Be Completed By Taxi Cab Company Representative)

I verify that the above named taxi cab license applicant will be driving for _____ (taxi cab company) pending the approval of this license application
Printed Name _____ Signature _____ Date _____

