



**TAXICAB DRIVER  
LICENSE APPLICATION**

CITY LICENSE 455 N. Main-1st Floor Wichita, Ks 67202  
(316) 268-4553

\_\_\_\_\_ TAXICAB DRIVER

- \_\_\_\_\_ New \$15.00
- \_\_\_\_\_ Renewal \$15.00
- \_\_\_\_\_ Background Check \$10.00
- \_\_\_\_\_ Replacement \$10.00

NAME First, Middle, Last			
ADDRESS		PHONE NUMBER	
CITY, STATE		ZIP CODE	
DATE OF BIRTH		KS DRIVER'S LIC #	
TYPE OF VEHICLE DRIVEN UNDER THIS LICENSE			

- Do you have a valid State of Kansas Drivers License? YES \_\_\_ NO \_\_\_
- Has your State Drivers License ever been suspended or revoked? YES \_\_\_ NO \_\_\_
- Are you physically able to drive a taxicab? YES \_\_\_ NO \_\_\_
- Within the past 5 years, from the date of this application, have you been convicted of:
  - Traffic violations YES \_\_\_ NO \_\_\_
  - A felony YES \_\_\_ NO \_\_\_
  - Leaving the scene of an accident YES \_\_\_ NO \_\_\_
  - Driving under the influence of alcohol or drugs YES \_\_\_ NO \_\_\_
  - Please list when, and where on the back of this form.
- Are you now or ever been registered as a sex offender with any federal, state, county or local government? YES \_\_\_ NO \_\_\_
- Have you previously held a Taxicab Driver license? YES \_\_\_ NO \_\_\_
  - If so where and when: \_\_\_\_\_
  - Was license suspended or revoked? If needed Date \_\_\_\_\_ YES \_\_\_ NO \_\_\_

Provide:

- Copy of valid State of Kansas Class C driver's license
- Proof of attending an approved customer service class 24 months prior to the date of the application OR
- Proof of enrollment of an approved customer service class 90 days following the application date

Taxicab Company \_\_\_\_\_  
Signature of cab company \_\_\_\_\_

Any falsification on the above information may cause this application to be disapproved. I also understand that this application fee is not refundable.

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

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE