



2017 CHAUFFEUR LICENSE APPLICATION

Office of the City Clerk - Business Services
150 West Jefferson Street
Joliet, Illinois 60432
Office 815-724-3905 Fax 815-724-3904
Email: businessservices@jolietcity.org
Website: www.cityofjoliet.info

Office Use Only:
Date Received: _____
Date Issued: _____
Business Account ID: _____

Please print legibly. All information and supplemental requirements must be completed and submitted. **Incomplete forms will be returned.** Please allow a *minimum* of twenty (20) business days for processing.

APPLICANT

Name: _____
Maiden: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____

Applicant Address for Three (3) Previous Years:

Date of Birth: _____ Place of Birth: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____ Race: _____
State of Illinois Driver's License Number: _____
Date Issued: _____ Date Expires: _____
Type or Class of Driver's License: _____
Restrictions: _____
Name of Taxi Cab Company this license is associated with: _____

Answer the following questions by circling Y (yes) or N (no). If you answer yes to any question you must submit a detailed explanation of the circumstances on a separate sheet.

- Y N Do you have any mental or physical disabilities?
- Y N Have you ever been convicted of leaving the scene or a property damage accident?
- Y N Have you ever been convicted of leaving the scene of an injury or fatal accident?
- Y N Have you ever been convicted of driving while under the influence of alcohol or drugs (including any court supervision cases)?
- Y N Have you ever been convicted of a felony or misdemeanor under the laws of any state or government?
- Y N Has your driver's license ever been suspended or revoked in any state or country?

Explanation (include: date; location; offense; and penalty or punishment imposed):

ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL

- Copy of valid state issued driver's license.
- Two (2) color recent head shots (1.5" x 1.5"). Polaroid photographs are NOT acceptable.
- Copy of Secretary of State Driving Abstract (Motor Vehicle Report) not more than thirty (30) days old.
- Application fee of \$20.00

I authorize the City of Joliet to conduct a criminal background check in conjunction with my application for a Chauffeur's License. I hereby release the City of Joliet from any and all liability in conducting this search. I understand the results of the search will only be used in the processing of my request for a Chauffeur's License.

Print name

Date

Signature