



2019 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:

[Blank lines for address]

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):

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**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