



FEE: \$32.00 (includes record check fee)

# TAXI DRIVER LICENSE APPLICATION

To the Common Council, City of Waukesha, Wisconsin:  
I hereby make application for license to drive a taxi cab for license year ending June 30, 2017, inclusive (unless sooner revoked).  
I certify that I am a citizen of the United States.

Please answer the following questions fully and completely:

Name of Applicant MANUEL M Rosado  
First Middle Last

Present Address 349 JACKSON COURT

City, State & Zip Code WAUKESHA WISCONSIN 53186 Phone Number 414-779-2763

Date of Birth 1-4-60 Place of Birth Puerto Rico Ethnicity Puerto Rican

Height 5'6 Weight 150 Color of Eyes Blk Color of Hair Blk  
City & State

Marital Status: Single  Married  Divorced  Widowed  Number of Children 4

Valid Wisconsin Driver's License Number R230-5536-0004-01

Has your driver's license ever been revoked or suspended? YES

If so, for what reason? DRIVING AFTER SUSPENSION

Have you previously been licensed as a taxi driver or chauffeur? NO When? \_\_\_\_\_

By what authority? \_\_\_\_\_

What cab company will you be working for? BEST CAB

Address of employer 102 W BROADWAY WAUKESHA WISC 53186

Name of immediate supervisor JIMMY STEPHENS Length of Service 2 MONTHS

List below the names and phone number of at least two personal references:

Terry Perez 262-391-4779

DAN MADDEN 262-993-9396

The undersigned states that all of the above statements made are true and correct.

x Manuel M Rosado 5-2-16  
Signature of Applicant Date

<p>The Waukesha Police Department will contact you within 2 weeks from your application submission date to schedule an appointment for fingerprinting and photograph. Thank you!</p>	<p>FOR USE BY THE POLICE DEPARTMENT Fingerprinted and photographed by: _____ Name Date</p>
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