City of Olathe
Taxi Driver's Application

Name of Applicant: _____

Address: _____
Street City State Zip Code

Telephone Number (s): _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____

Color of Eyes: _____Color of Hair_____

Length of residence in state: _____ County: _____ City: _____

Is applicant a citizen of the United States? _____ yes _____ no

Has applicant ever been convicted of a violation of a federal or state law, or city ordinance at any time? If yes, provide details:

_____

_____

_____

Driver's License Number: _____ State of Issuance: _____
Date of Expiration: _____

Has applicant's driver's license ever been suspended or revoked? If yes, provide details:

_____

_____

_____

I swear the information on this application is true.

PHOTO

_____
Signature of Applicant

_____
Date of Signature