## CITY OF SALEM, ILLINOIS APPLICATION FOR TAXI DRIVER PERMIT Application Period July 1, 20\_\_\_ through June 30, 20\_\_\_

First Time Applicant Renewal				
Name:				
Name:	Middle		Last	
Residence Address:	 ise #	Street	City	State
Date of Birth:			•	
Place of Birth:				
State of Illinois Driver License # Expiration Date:				
Former Occupation				
Experience as a driver				
Name of taxi service you	will be dri	iving for: _		
•				tions in operating a motor
•	-			
the State of Illinois or the	e laws of th	e United S	tates of Americ	ty of Salem or the laws of ca, and that the statements f my knowledge and belief.
Signature of Applicant				Date
Approved by:				
Chief of Police				
City Clerk				