

# City of Belvidere • Illinois

City Hall: 401 Whitney Blvd.  
Belvidere, Illinois 61008-3710  
(815) 544-2612 • Fax (815) 544-3060

## Taxi Driver/Operator Application

Date of Application: \_\_\_\_\_

Full Name (including middle initial): \_\_\_\_\_

Have you used any aliases or other names?  
If yes, please list: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Have you ever been convicted or received an alternative sentence such as court supervision for a felony or misdemeanor relating to traffic laws, operation of any vehicle, or a crime against persons or property? (Including but not limited to: Indecent Solicitation of a Child, Unlawful Use of Weapons, Unlawful Possession of Firearms & Ammunition, Public Indecency, Prostitution, Mob Action, Soliciting for a Prostitute, Keeping a Gambling House, Keeping a House of Prostitution, Resisting or Obstructing a Peace Officer, Patronizing a Prostitute, Obstruction of Justice, Pimping, Escape, Aggravated Assault, Sexual Assault, Assault, Aiding Escape, Intimidation, Criminal Sexual Abuse, Perjury, Eavesdropping, Subordination of Perjury, Theft, Residential Picketing, Battery and Driving under the influence of alcohol or drugs.)

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, please explain offense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- A \$20.00 processing fee for background check.

Paid \_\_\_\_\_

-A certified copy of applicant's State of Illinois Driver's License abstract with a certification date not more than thirty (30) days prior to the date of the application must be attached.

-As part of the application process you must contact Sgt. Smaha at the Belvidere Police Department and arrange for fingerprinting (815)547-5536.

**RELEASE OF ALL LIABILITIES**

I (WE) HEREBY RELEASE, REMISE AND DISCHARGE THE CITY OF BELVIDERE, A MUNICIPAL CORPORATION, ITS OFFICERS, SERVANTS, AGENTS AND EMPLOYEES OF AND FROM ANY AND ALL CLAIMS, DEMANDS AND LIABILITIES TO ME AND ON ACCOUNT OF ANY AND ALL INJURIES, LOSSES AND DAMAGES, TO MY PERSON SHALL HAVE BEEN CAUSED, MAY AT ANY TIME ARISE AS THE RESULT OF THE FILING FOR THIS PERMIT OR APPLICATION. I (WE) GIVE AUTHORIZATION FOR THE CITY OF BELVIDERE AND POLICE DEPARTMENT TO INVESTIGATE THE CRIMINAL RECORDS, TRAFFIC RECORDS, AND PAST OR PRESENT EMPLOYMENT HISTORY OF THE APPLICANT.

CONSENT TO SUCH AN INVESTIGATION MAY BE WITHDRAWN BY AN INDIVIDUAL BY WITHDRAWING HIS OR HER INVOLVEMENT OF THE APPLICATION ITSELF.

NO SUCH WITHDRAWAL OR AUTHORIZATION SHALL BE EFFECTIVE UNTIL WRITTEN NOTICE THEREOF IS RECEIVED BY THE CITY OF BELVIDERE.

I (WE) FINALLY RELEASE SAID CITY OF BELVIDERE AND ITS OFFICERS, SERVANTS, AGENTS AND EMPLOYEES OF AND FROM ANY AND ALL LIABILITY ARISING WHOLLY OR PARTIALLY FROM THE CAUSE AFORESAID.

DATED:

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

SIGNED \_\_\_\_\_  
(Applicant)