

20110002777



TAXICAB DRIVER
LICENSE APPLICATION
THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC
PLEASE TYPE OR PRINT IN INK

CITY OF SAINT PAUL
Department of Safety
and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-9090 Fax (651) 266-9124
Web: www.stpaul.gov/dsi

RECEIVED IN D.S.I.

JUL 21 2011

Applicant Information

Name and Title: Lester Owens
First Middle (Maiden) Last Title

Home Address: 475 St Clair #2 MINNESOTA MAV 55102
Street (#, Name, Type Direction) City State Zip+4

Mail To Address (if different than home address):
Street (#, Name, Type Direction) City State Zip+4

Home Phone: (651) 315-3517 Date of Birth: 10/18/60 Place of Birth: MINNESOTA

Driver's License #: X764289609617 Expiration Date: 10/18/12

Name and Address of cab company you will be driving for: Suburban

Do you own or lease the cab you drive? lease

What is the lease rate you pay to operate the cab? _____

Previous residence (past 5 years) Last 5 years

| Date | Street address | City | County | State | Zip Code |
|-----------------|----------------|------|--------|-------|----------|
| 2006 to present | 475 St CLAIR | MAV | | | 55102 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

E 7/21/2011 (RD)

20110002-777

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby authorize the Saint Paul Police Department to use the information I have provided to check criminal histories, arrest records, and warrant information; and for the Police Department to provide these records to the Department of Safety and Inspections (DSI) to determine my eligibility for a taxicab driver license. I understand that the information contained in the criminal background investigation is confidential, except that it may be conveyed to other law enforcement or licensing agencies. I also hereby state that I have read and understand the rules and regulations set forth in Chapter 376.16 (Taxicab Driver's License of the Saint Paul Legislative Code) and Chapter 376.17 (Taxicab Driver Training Course of the Saint Paul Legislative Code).

Signature (REQUIRED for all applications) Hester Clark Date 7/18/11

Revised 10/2008

All applicants must present the following documents at time of application:

- Valid State of Minnesota Driver's License
For drivers who have been licensed out of state in the last five (5) years: you must provide an official copy of your driving record for the last 5 years from the Department(s) of Transportation in the state(s) in which you were licensed.

Preferred methods of communication from this office (please rank in order of preference - A1" is most preferred):

____ Phone Number with area code: (_____) _____ Extension
 (Circle the type of phone number you have listed above): Business Home Cell Fax Pager

____ Phone Number with area code: (_____) _____ Extension
 (Circle the type of phone number you have listed above): Business Home Cell Fax Pager

____ Mail:
 Street (#, Name, Type, Direction) City State Zip+4

____ Internet:
 E-Mail Address

Cost, payable at the time of application: \$43.00 for the license fee for a period of one year. There will be an additional cost for the required training classes, payable directly to Hennepin Technical College, which provides the instruction.

Note: A copy of the Hudson's Twin City Street Atlas is required for the taxicab driver training course.

We will accept payment by cash, check (made payable to City of Saint Paul) or approved credit card.

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Card Type: _____

EXPIRATION DATE: ACCOUNT NUMBER:

/ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

 Cardholder (please print) Signature of Card Holder (required for all charges) Date Name of