

Taxicab/Limousine Driver Guidelines:

****Note: Applicant must be over 18 years of age and cannot be a registered offender**

Step 1 - Fill out taxicab/limousine driver's application form. Return the application to City Hall and pay the \$35.00 fee (non-refundable). City Hall will then send the application form down to the Police Department.

Step 2 - The Police Department will do the background and driving record checks.

Step 3 - The Police Department will contact the applicant as to whether they passed the background and driving records check or not. If the applicant did not pass, the application will be sent back to City Hall. If the applicant passed, they will inform them to do the drug test. Drug tests can be done at Altru Clinic (662-2158), CHI Devils Lake Clinic (662-8662), or at the Law Enforcement Center (662-0700). False positive results can be resubmitted to a certified lab. If a drug test is failed, the applicant **may never re-apply**. All drug test results must be brought to the Police Department. If the applicant passes the drug test, the application will be forwarded to the Chief of Police. If the applicant fails the drug test, the application will be sent back to the City Hall.

Step 4 - The Chief of Police will approve or deny application.

Step 5 - The completed application it will be sent back up to City Hall.

Step 6 - City Hall will notify the applicant that their application was approved. Applicant will be given a copy of the approved application and they will be informed that they need to make an appointment with Starr at the LEC to have an ID badge made. City Hall will notify Starr the applicant was approved and an ID can be issued. **When an applicant quits driving for the Taxicab/Limousine, the ID badge must be returned to City Hall.**



**City of Devils Lake
Devils Lake Police Department
Application for Taxi/Limousine Driver License**

TAXI/LIMOUSINE LICENSE #: _____ (Assigned by the Police Department)

NOTE TO APPLICANT: Your request for this Taxi/Limousine Driver's License requires us to conduct a records check which takes no less than three (3) days. As soon as the records check has been completed and the drug test is passed, your application will then be forwarded to the Chief of Police for approval/disapproval. Applicant must be over 18 years of age and cannot be a registered offender.

Application fee is \$35.00 payable at time of application. All fees are NON-REFUNDABLE.

FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION IS GROUNDS FOR DISAPPROVAL OF YOUR REQUEST FOR TAXI/LIMOUSINE DRIVER'S LICENSE.

The undersigned respectfully applies for a license as a taxi/limousine driver in the City of Devils Lake, and in support of such application make the following statements and representations:

NAME (in full): _____

ALIAS/MAIDEN NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # : _____

SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ COMPLEXION: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____ PLACE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

EXPIRATION DATE: _____ CLASS: _____

PREVIOUS STATES YOU HAVE HAD A DRIVERS LICENSE: _____

PREVIOUS ADDRESS: _____

PREVIOUS EMPLOYMENT: _____ FROM TO
FROM TO

PREVIOUS TAXI DRIVERS/LIMOUSINE LICENSE (S):

City & State # Years City & State # Years

COMPANY YOU WILL BE DRIVING FOR: _____

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIMINAL VIOLATIONS IN THE PAST FIVE (5) YEARS? If yes, list date(s), court(s) & disposition(s):

HAVE YOU RECEIVED ANY TRAFFIC CITATIONS IN THE PAST FIVE (5) YEARS? If yes, list date(s), court(s), & disposition(s): _____

I hereby declare that the above information is TRUE and CORRECT. I also authorize the Devils Lake Police Department to query any records regarding credit, employment, or criminal history on me.

I UNDERSTAND THAT I MUST DISPLAY AT ALL TIMES A FORM OF ID WHICH WILL CONTAIN A PHOTOGRAPH, SIGNATURE, AND LICENSE NUMBER ISSUED BY THE CITY. THIS ID BADGE MUST BE TURNED BACK INTO THE CITY IF I AM NO LONGER EMPLOYED BY THE ABOVE TAXICAB/LIMOUSINE SERVICE.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY – To be completed by Devils Lake Police Department

APPLICATION PROCESSED BY: (records personnel) _____

RECORDS CHECK – (teletypes attached) _____

CRIMINAL HISTORY: _____

TRAFFIC HISTORY: _____

DLPD CHECK: _____

DRUG TEST: PASS _____ FAIL _____

This application has been APPROVED / DISAPPROVED.

COMMENTS: _____

Chief of Police or Designee

Date