

**APPLICATION FOR TOUR SERVICE DRIVER'S LICENSE
SPRINGFIELD, ILLINOIS
FEE: \$15.00**

I Hereby make application for a tour service driver's license under the laws of the State of Illinois and the ordinances of the City of Springfield for the period of January 1, _____ to December 31, _____.

Name: _____ DOB: _____
(first) (middle) (last) Social Security #: _____ Current Address: _____
Zip: _____
All previous addresses for the previous three years: _____

Race: _____ Sex: _____ Eyes: _____ Hair: _____ Height: _____ Weight: _____
Drivers License #: _____ State: _____ Expires: _____ Name of Tour Service
Vehicle Employer: _____ Name of immediate supervisor for the tour
service vehicle owner-operator: _____ Name and address of previous employer: _____

Have you ever been arrested and convicted of a felony offense? ()Yes ()No

If so, give the particulars:

DATE: JURISDICTION: CHARGE: DISPOSITION:

Have you ever been convicted of a moving violation within the last five years? ()Yes ()No

If so, give the particulars:

DATE: JURISDICTION: CHARGE: DISPOSITION:

Have you ever been convicted of driving while intoxicated? ()Yes ()No

If so, give the particulars:

DATE: JURISDICTION: CHARGE: DISPOSITION:

110.708(c) I verify that I have good eyesight and am not subject to any infirmity of the body or mind which might render me unfit for the safe operation of a vehicle: _____

110.708(h) List any licenses as a driver or chauffeur and whether any license have ever been revoked, and if so, the reasons therefore. _____

110.708(b) Attachment required: Written evidence that the applicant has experience in driving the type of vehicle or succesful completion of a course in such driving.

I hereby agree that the license applied for may be revoked if the above questions have not been truthfully answered.

Date: _____ Applicant's Signature: _____

The above application is hereby approved and license will be issued worthwith upon payment of license fee specified by ordinance. Mayor: _____ Date: _____

Investigation Completed: Approved: _____ Denied: _____ Date: _____

License Inspector: _____

License # issued: _____ Date: _____