



License Application
Taxi Driver

520 3rd St., Suite 230, Brookings, SD 57006
Phone: (605) 692-6281
www.cityofbrookings-sd.gov

Applicant Information

Name: Last First Middle

Home Address: Street

City State ZIP Code

Home Phone or Cell: () Personal Email:

Date of Birth / / Birthplace:

Number of years in Brookings:

Driver's License Number: State Issued:

List all states lived in:

Have you driven a vehicle for hire before? Yes No

If yes, state location and number of years: Location Years

Have you ever had an accident while driving an automobile, truck, taxicab or bus? Yes No

If yes, please state details:

Do you consume alcoholic beverages? Yes No

If yes, to what extent?

Do you have any driver's violations within the past 3 years? (i.e. speeding, DUI, reckless driving) Yes No

If yes, please state details:

Other voluntary information why this application should be granted:

BUSINESS INFORMATION

Business Name: _____

Business Address: _____
Street

_____ *City* *State* *ZIP Code*

Business Phone: () _____

Owner's Name(s): _____

Home Phone or Cell: () _____

Requirements for Taxi Driver License

- Application
- Fee: \$15
- Copy of Valid State Driver's License

Applicant Signature

By signing below, I, the applicant, hereby agree that should the license be granted, I will comply with all requirements of the ordinance in effect. (Municipal Code of Ordinances, Chapter 26)

Applicant's signature: _____
Date

All licenses run from January 1st to December 31st of the current year.

License fee is not refundable. License is not transferable.

Return completed application to:

City Clerk's Office, 520 3rd Street, Suite 230, Brookings, SD 57006

Phone: (605) 692-6821

Email: bfoster@cityofbrookings-sd.gov

To be completed by City of Brookings

Fee Amount

Paid by

License No.

Police Chief

Date

City Clerk

Date

Comments: _____