



City and County of Denver
 DEPARTMENT OF EXCISE & LICENSES
 201 West Colfax Avenue, Dept. 206
 Denver, Colorado 80202
 720/865-2740

TAXI/LIMOUSINE DRIVER APPLICATION

Company (Please fill out completely):

Date _____

Taxi Cab Company _____
Name

Limo Company _____
Name

Shuttle Company _____
Name

1. Applicant's Name _____ Telephone No. _____

2. _____
Address City State Zip Code

3. Birth Place _____ Birth Date _____

4. Social Security Number _____ Email Address _____

5. Height _____ Weight _____ Hair _____ Eyes _____ Gender _____

6. Are you a citizen of the United States? _____ If not, explain your status: _____

7. Can you read and write the English language? _____

8. How long have you resided in the City and County of Denver _____

LIST YOUR PLACES OF RESIDENCE FOR THE PAST 8 YEARS

Address	From - To
_____	_____
_____	_____
_____	_____
_____	_____

9. Are you Married or Single? _____

10. Are you of sound physique? _____ Have you good eyesight? _____

11. Are you now or have you ever been addicted to the use of intoxicating liquors or drugs of any kind? _____

12. LIST BELOW YOUR PLACES OF EMPLOYMENT FOR THE PAST 8 YEARS

Firm	Address	Capacity	Time Emp.	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Have you ever been arrested for, charged with, or convicted of a felony, misdemeanor or ordinance violation? _____ If so, give particulars _____

14. Have you ever been licensed as a chauffeur? _____
If so, state when and where _____

15. Do you have a current driver's license? Yes No List number and state _____
Have you ever had a driver or chauffeur license which was suspended or revoked? If so, give complete details _____

17. Have you had any moving traffic violations within the last 12 months? _____. If so, please list the offense and the date of each. _____

18. Please produce a current Colorado driver's license and Motor Vehicle Record.

NOTE: You must file with the Department of Excise and Licenses two affidavits of persons who will vouch for your character and reputation.

OATH OF APPLICANT		
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern my Taxi/Limousine Driver License.		
Authorized Signature:	Title	Date

EMPLOYER

(Please fill out completely)

The undersigned supervising officers of the Denver Lincoln Limousine, Inc. Company, hereby certifies that he has examined the application of _____ to be filed with the Department of Excise and Licenses for the issuance of a Taxi/Limousine Driver's License and finds same to be correct and in good order. The applicant is acceptable to us and will be employed upon issuance of license.

DENVER LINCOLN LIMOUSINE, INC.
BY: AC Bopp _____ PRESIDENT
Name Title

CITY AND COUNTY OF DENVER APPLICANT CRIMINAL HISTORY FORM

Office of Excise and Licenses
201 West Colfax Avenue
Dept. 206
Denver, Colorado 80202
(720) 865-2740

<p>Instructions:</p> <ol style="list-style-type: none"> 1. Answer each question. 2. Respond to each question fully and truthfully. 3. If you are uncertain about <u>any</u> facts related to a question, do not complete or submit this form prior to investigating necessary facts. 	<p>Warning:</p> <p>PROVIDING FALSE OR MISREPRESENTED STATEMENTS IS CAUSE TO DENY A LICENSE APPLICATION.</p>
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Conviction: For purpose of this application, the term "Conviction" is defined as being convicted of a crime by (1) entering a plea of guilty, or by (2) entering a plea of no contest, or by (3) being convicted as a result of trial.

1. Felony Convictions (includes alcohol related driving offenses)				
List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Misdemeanor Convictions (includes alcohol related driving offenses)				
List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Municipal Convictions (other than traffic)				
List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Fraud, deceit, or misrepresentation
<p>Have you ever had, or is there now pending against you, a judgment or conviction for fraud, deceit, or misrepresentation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide details: _____</p> <p>_____</p> <p>_____</p>

OATH OF APPLICANT		
<p>I declare under penalty of perjury in the second degree that the responses provided in this Criminal History Form and all attachments are true, correct, and complete to the best of my knowledge, that I have read the Applicant Criminal History Form, that I understand all the questions on the Criminal History Form, that I have personal knowledge and that all the information placed on the Criminal History Form is true and accurate. I also acknowledge that I understand that any incomplete or false statement could be grounds for denial of my license application. I agree to conform to all rules and regulations promulgated by the Director of Excise and Licenses, the Denver Revised Municipal Code, and with provisions of the Colorado Revised Statutes, which govern my license.</p>		
Name	Signature	Date

(Last revised 11/06)



DENVER
THE MILE HIGH CITY

General Application
Evidence of Physical Examination
and Condition

City and County of Denver
Department of Excise and Licenses
201 W. Colfax Ave. #206
Denver, CO 80202
720-865-2740

Instructions

1. Have a physician complete "Evidence of Physical Examination and Condition" form.
2. Submit form with all application documents.

Applicant Name:

Physician Name:

Date of Exam:

Examining Physician: The above named individual has made application to be licensed by the City and County of Denver. The purpose of this examination is to determine if you consider him/her to be an emotionally stable person, of sound mind and in good physical condition.

Physical Condition:

HEARING: Right Ear _____ Left Ear _____
 VISION: Right Eye _____ Left Eye _____
 CORRECTED VISION: Right Eye _____ Left Eye _____

**YOU MUST MAKE A COPY
OF YOU VALID US DOT
CARD IN PLACE OF
HAVING THIS PAGE/FORM
FILLED OUT.**

Cardio-Respiratory: _____

Blood Pressure: _____

Abdomen and G.I.: _____

Extremities: _____

Neurological: _____

If the applicant shows signs or gives a history of seizures, diabetes, heart trouble, vertigo, hypertension, psychiatric illness, or any other history of body or mind which might render the applicant unfit for the safe operation of a vehicle, please so state and give full details:

I, _____, being a licensed Medical Doctor in the State of Colorado, do hereby attest that I have examined the above named applicant and find that s(he) (is) (is not) physically capable of performing the duties required by their position.

Physician's Signature

Date



CHARACTER REFERENCE

One of two

(Date)

Department of Excise and Licenses
City and County of Denver
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202

Re: Application for a Business License as –

_____ for _____
(Business Occupation) (Applicant)

TO WHOM IT MAY CONCERN:

This is to certify that I have known the above-named individual for _____ years.
I can attest to her/his good character and attitude of responsibility toward her/his above-named occupation.

(Signature)

(Home Telephone)

(Street Address)

(Business Telephone)

(City) (County) (State)



CHARACTER REFERENCE

Two of two

(Date)

Department of Excise and Licenses
City and County of Denver
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202

Re: Application for a Business License as –

_____ for _____
(Business Occupation) (Applicant)

TO WHOM IT MAY CONCERN:

This is to certify that I have known the above-named individual for _____ years.
I can attest to her/his good character and attitude of responsibility toward her/his above-named occupation.

(Signature)

(Home Telephone)

(Street Address)

(Business Telephone)

(City) (County) (State)



DENVER
THE MILE HIGH CITY
John W. Hickenlooper
Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSES

OFFICE OF DIRECTOR
201 West Colfax Avenue,
Dept. 206

AFFIDAVIT OF LAWFUL PRESENCE IN UNITED STATES

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal Law, according to the following type of authorization: _____

I understand that this sworn statement is required by law because I have applied for a license or permit which falls under the definition of a public benefit. I understand that Colorado state law requires me to provide one of the following forms of proof that I am lawfully present in the United States prior to receipt of this benefit:

- **Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired one year or less. (Temporary paper license with invalid Colorado Driver's License, Colorado Drivers Permit, or Colorado Identification Card, expired one year or less is acceptable).**
- **Out-of-state issued photo driver's license or photo identification card, photo driver's permit expired one year or less.**
- **U.S. Passport expired less than 10 years.**
- **Valid foreign passport with I-94 or valid processed for I551 stamps.**
- **Valid I551 Resident Alien/Permanent Resident card. No border crosser or USA B1/B2 Visa/BCC cards.**
- **Valid I688 Temporary Resident, I688B, and I766 Employment Authorization Card with intact photo.**
- **Valid US Military ID (active duty, dependent, retired, reserve and National Guard).**
- **Tribal Identification Card with intact photo. (U.S. or Canadian).**
- **Certificate of Naturalization with intact photo.**
- **Certificate of (US) Citizenship with intact photo.**

I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute § 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is received. Furthermore, I understand it is unlawful for me to offer, use or attempt to offer or use any evidence of my identification where such identification is false, fraudulent or incorrect in any manner or way, or which misrepresents me, or which does not belong to me, or which is altered, forged, defaced, or

changed in any respect; except such changes as are required or authorized by law; such unlawful use or offer of false identification is punishable under the criminal laws of the City & County of Denver under Denver Revised Municipal Code § 38-3.

SIGNATURE MUST BE WITNESSED BY NOTARY

Signature of Affiant

Date

STATE OF COLORADO)

)

S.S.

SEAL

CITY AND COUNTY OF DENVER)

Subscribed and sworn to before me on this ____ day of _____, 200__

NOTARY PUBLIC: _____ My commission expires: _____

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SECTION

Applicant appeared in person.

(Date)
