

CITY OF COLUMBIA CHAUFFEUR'S LICENSE APPLICATION License Fee \$20.00 Investigation Fee \$_____

Applicat	ion Date	20
The undersigned hereby makes applicatidrive a motor vehicle for hire within the must be 18 years of age according to City	e City of Columbi	FEUR'S LICENSE to ia. The applicant
1. Name		Age
2. Address		
3. Date of Birth Place of		
4. Race Sex Height Wei		
5. Do you read? write? spe		
6. Are you addicted to the use of drugs		
7. Missouri Driver's License No.		
Expiration Date Attach		
8. Length of time you have operated a mot		years.
9. Length of time you have operated a mot		
10. Length of time you have operated a mot		
11. Ever convicted of any traffic violatic state or federal misdemeanor or felony ordinance violation of this or any other	on? Ever	
12. If either is "yes", state specifically	violation, date	and place.
(Failure to divulge <u>ALL</u> convictions wi application.)	ll result in deni	ial of your
13. Employer		
Applicant Signature		
Business Services Administrator		Date

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City of Columbia, Missouri Disclosure and Authorization Form To Obtain <u>Missouri</u> Background Report

As part of the application process for obtaining a license (liquor, business, guard, solicitor, transportation network operator or taxi driver) at the City of Columbia, Missouri, I understand the Missouri State Highway Patrol will seek and obtain investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but is not limited to, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, warrants and warrants records, and license verification. I understand that these records may be used for license eligibility. I hereby authorize, without any reservation, the full release of these records and information to conduct the searches and investigations. If my application for a license is approved, I also authorize the full release of the information described above, without any reservation, throughout any duration of my license. I also certify that all information provided below and on my license application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for license revocation at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge the City of Columbia and Missouri State Highway Partrol, and all of its agents, any expenses, losses, damages, and liabilities for the investigative process.

Applicant's Name	:			
(Please Print)	First		M.I.	Last
Previous, Maiden	Name or Alias			
(Please Print)		First	M.I.	Last
Signature:				Date:mm/dd/yy
Date of Birth:	mm/	dd/	yy (this is used	for criminal and driving records only)
Social Security Nu	mber:			Female Male
Driver's License Number: State:			:	
PROVIDE ADDR	ESSES FOR PA	ST FIVE (5)	YEARS (Use back of	form if necessary)
Current Address:				
				City, State & Zip Code
Email address:				
Length of Residence	cy at Current A	ddress:	Phone: _	
Previous Address:		Street Address		
				City, State & Zip Code
Length of Residence	y at Previous A	ddress:		
Previous Address:			Street Address	
				City, State & Zip Code
Length of Residence	y at Previous A	ddress:		

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