

Best contact # 822-6730

Item 0525-19

A-1 Safe Cab

4893 Bill 1939

820

Fee: \$20.00
Fee: \$15.00 (Record Check)

Receipt No. 20172744-3

Account No. 11101-44110
Account No. 11101-46100

Application – Public Passenger Vehicle Driver's License – City of Racine

License Expires on December 31, _____

New Renewal License No. _____ Date Issued _____

Name JAVONTE Richmond D.O.B. _____

Address 812 Sandra Ct RACINE 53403
City Zip Code

Wisconsin Driver's License Number R255-4258-6111-07

Commercial Driver's License Number (if applicable) _____

Date Granted _____

The Racine Police Department – Investigation	
<p>Applicant has:</p> <p>_____ No record</p> <p>_____ Record (see attached sheet)</p>	<p>Temporary permit:</p> <p>_____ Issue</p> <p>_____ Do not issue</p>
<p>Signature _____ Date _____</p>	

Date sent to Police Department _____

Date returned from Police Department _____

Revised 4/13

Pursuant to Secs. 22-1066 through 22-1074 of the Municipal Code of the City of Racine, I hereby apply for a Public Passenger Vehicle license in conjunction with the following type of service:

<input checked="" type="checkbox"/> Taxicab	<input type="checkbox"/> Shuttle Vehicle	<input type="checkbox"/> Luxury Limousine
<input type="checkbox"/> Handicapped and Elderly Vehicle	<input type="checkbox"/>	<input type="checkbox"/> Horse and Surrey

Answer the following fully and completely:

Name of Applicant Javonte Richmond Phone No. (262) 822-6730

Address of Applicant 812 Sandra Ct. City RACINE Zip Code 53403

Date of Birth _____

Wisconsin Driver's License Number R255-4258-6111-07

Education (number of years completed) 12 yrs

Past Experience in Transportation of Passengers (if any) Driving with my kids a family and also sometimes giving my brother a ride to O'HARE AIRPORT

Name of Business Applicant Will Work for A-1 Safe Cab

Past Employment (starting with most recent):

Name of Company	Address	Employment Dates
<u>Milager's LANDSCAPING</u>	<u>4838 DOUGLAS AVE</u>	<u>07/17 TO 12/2018</u>
<u>VISTA VILLAGE LIVING CENTER</u>	<u>1711 MONROE AVE</u>	<u>05/2014 TO 02/2017</u>
<u>INSINKERATOR</u>	<u>4700 21ST ST</u>	<u>10/2013 TO 05/2014</u>

Name, address, and phone number of four (4) references with whom you have been associated for a minimum of three (3) years who will attest to your sobriety, honesty, and general good character.

Name	Address	Phone Number
<u>CHARLYN WALKER</u>		<u>(262) 412-3077</u>
<u>LUTWAIN WILLIAM'S</u>		<u>(262) 210-6960</u>
<u>JAVONTE MORRIS</u>		<u>(262) 909-6932</u>
<u>COLLIN</u>		<u>(262) 994-6024</u>

State of Wisconsin)
County of Racine)

JAVONTE RICHMOND, being first duly sworn, on oath, says that (s)he is the person who made and signed the foregoing application for a Public Passenger Vehicle License and that all the statements made by the applicant are true.

Javonte Richmond
Signature of Applicant

Subscribed and sworn to before me this
18th day of April, 20 19

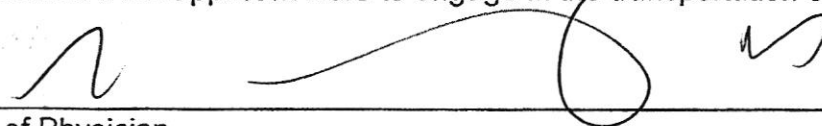
Annika Bolter
Notary Public, Racine County, WI
My Commission Expires January 1st, 2023



Physician's Validation

I, Munira K Bains, MD, certify that Javante Richmond

does not have any disease, infirmity, or condition which would be reasonably likely to create an unsafe condition if the applicant were to engage in the transportation of passengers.



Signature of Physician

3807 Spring Street Racine WI 53405

Address City Zip Code

04/18/2019

Date of Certification