

Fee: \$20.00

Receipt No. 245901

Account No. 101.000.6400

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

License Expires on December 31, 2006

New Renewal License No. 38 Date Issued 4-8-05

Name Conaway Johnson Jr. D.O.B. 3-11-46

Address 3701 Republic Ave Racine WI 53405
City Zip Code

Wisconsin Driver's License Number J525-1004-6091-05

Commercial Driver's License Number (if applicable) _____

Date Granted _____

The Racine Police Department – Investigation

Applicant has:

Temporary permit:

_____ No record

_____ Issue

_____ Record (see attached sheet)

_____ Do not issue

Signature _____ Date _____

Date sent to Police Department _____

Date returned from Police Department _____

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

Answer the following fully and completely:

Name of Applicant Courtesy Johnson Jr. Phone No. 262-634-9008
 Address of Applicant 3701 Republic Ave City Racine Zip Code 53405
 Date of Birth 3-11-46
 Wisconsin Driver's License Number J525-1004-0691-05
 Education (number of years completed) 12
 Past Experience in Transportation of Passengers (if any) Limousine - Shuttle

Name of Business Applicant Will Work for Palman Motors - anything goes Sims.

Past Employment (starting with most recent):

Name of Company	Address	Employment Dates
<u>Alfa - Sewal</u>	<u>9201 Wilmon Rd Kenosha</u>	<u>5-19-71 - 7-1-02</u>
<u>Palman Motors</u>	<u>6100 Washington Ave Racine</u>	<u>8-9-03 -</u>
<u>Anything Goes</u>	<u>1200 Memorial Dr. Racine</u>	<u>7-12-03 -</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>Ruth Healy</u>	<u>1200 Memorial Dr.</u>	<u>633-6109</u>
<u>Thomas White</u>	<u>Wisconsin Ave</u>	<u>633-4996</u>
<u>Joseph Hardin</u>	<u>5935 Marjory Dr. apt 101</u>	<u>634-8748</u>
<u>Pastor Melvin Hargrove</u>	<u>4144 Sadell St. Racine</u>	<u>681-1691</u>

State of Wisconsin)
 County of Racine)

W Payne, 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.

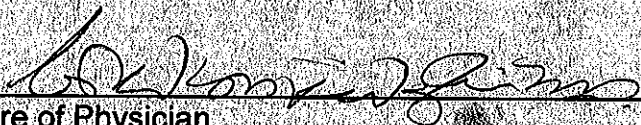
Courtesy Johnson Jr.
 Signature of Applicant

Subscribed and sworn to before me this 27th day of February, 20 06

Wanna Payne
 Notary Public, Racine County, WI
 My Commission Expires 12-30-07

Physician's Validation

I, Craig W. Wisniewski, MD, certify that Conaway Johnson
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

ALL SAINTS MEDICAL GROUP
ONE MAIN STREET
Address **RACINE, WI 53403** City Zip Code

2/25/11
Date of Certification