

**Office of the City Clerk**

Tara Coolidge  
City Clerk



**City of Racine, Wisconsin**

City Hall  
730 Washington Avenue  
Racine, Wisconsin 53403  
(262) 636-9171  
Fax: (262) 636-9298  
Email: [clerks@cityofracine.org](mailto:clerks@cityofracine.org)

CERTIFIED

April 23, 2019

Michael A Tucker  
7003 60<sup>th</sup> Ave Apt 101  
Kenosha, WI 53142

Mr. Tucker:

Your request for a Public Passenger Vehicle Driver's License was reviewed and referred to the Public Safety and Licensing Committee for further consideration.

Please be informed that the Public Safety and Licensing Committee of the Common Council of the City of Racine will meet at 5:30 P.M. in City Hall, Room 307, on Tuesday, May 14, 2019.

Your application for a Public Passenger Vehicle Driver's License will be considered at this time and the Committee **requires your attendance**.

If you have any questions, please call our office at 636-9171.

Sincerely,

Amber Pfeiffer  
Assistant City Clerk

Bill  
1299

#1013

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

Receipt No. NO RPT  
SEE WRITTEN  
ATTACHED

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 Michael Tucker D.O.B. 4-14-75

Address 7003 60th Ave Apt #101 Kenosha 53142  
City Zip Code

Wisconsin Driver's License Number T260-5417-5134-03

Commercial Driver's License Number (if applicable) \_\_\_\_\_

Date Granted 7-5-16

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

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 type="checkbox"/> Taxicab	<input type="checkbox"/> Shuttle Vehicle	<input 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 Michael Tucker Phone No. (262) 672-5542  
 Address of Applicant 7003 60th Ave City Kenosha Zip Code 53142  
 Date of Birth 4-14-75  
 Wisconsin Driver's License Number T260-5417-5134-03  
 Education (number of years completed) 13  
 Past Experience in Transportation of Passengers (if any) \_\_\_\_\_

Name of Business Applicant Will Work for Great Lakes transportation

Past Employment (starting with most recent):

Name of Company	Address	Employment Dates
<u>Two Men And A Truck</u>	<u>7886 Washington Ave</u>	
<u>Associated Wholesale Grocer</u>	<u>5521 88th Ave</u>	
<u>Bombardier</u>	<u>10101 Science drive</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>Glorious Goldsmith</u>	<u>2912 Kenwood Dr. Racine, WI.</u>	<u>(262) 554-7473</u>
<u>Desmond Barker</u>	<u>1102 Walton Ave Racine, WI.</u>	<u>(262) 598-7590</u>
<u>Robin Menzie</u>	<u>1928 N. Wisconsin St. Racine, WI.</u>	<u>(262) 456-7781</u>
<u>Joe McDonald</u>	<u>1413 Isabelle Ave Racine, WI.</u>	<u>(262) 880-5418</u>

State of Wisconsin )  
 County of Racine )

Michael Tucker, 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.

Michael Tucker  
 Signature of Applicant

Subscribed and sworn to before me this 6th day of Sept, 2018

[Signature]  
 Notary Public, Racine County, WI

My Commission Expires July 20, 2020

Physician's Validation

**Dr. James Mataczynski**

I, \_\_\_\_\_, MD, certify that Michael Tucker

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.



DOT Exam 10/10/18

Signature of Physician CONCENTRA MEDICAL CENTERS

1147 WARWICK WAY  
RACINE, WI 53406

Address PH (262) 886-3997 City Zip Code

FAX (262) 886-1273

Date of Certification 10/10/18