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Fee: \$20.00

Receipt No.

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. \_\_\_\_\_ Date Issued \_\_\_\_\_

Name Mary Shelton \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address P.O. Box 483 \_\_\_\_\_ Racine WI \_\_\_\_\_ 53409 \_\_\_\_\_  
City Zip Code

Wisconsin Driver's License Number S 435-5853-8873-05 \_\_\_\_\_

Commercial Driver's License Number (if applicable) CDL is same as above \_\_\_\_\_

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 checked="" type="checkbox"/> Taxicab	<input checked="" 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 Mary Shelton Phone No. 262-979-2024  
 Address of Applicant P.O. Box 483 City Racine Zip Code 53409  
 Date of Birth 10-13-38  
 Wisconsin Driver's License Number 3435-5853-8873-65  
 Education (number of years completed) 10<sup>th</sup> grade Gateway Tech 2 yrs.  
 Past Experience in Transportation of Passengers (if any) School bus 28 yrs  
Kas Transportation Medical Transport-Taxi Cab 1 yr  
 Name of Business Applicant Will Work for Abdul HAFIZ

Past Employment (starting with most recent):

Name of Company	Address	Employment Dates
<u>Laid Law Transit</u>	<u>8030 Washington</u>	<u>1996 - 2000</u>
<u>Kas Transportation</u>	<u>6329 28<sup>th</sup> Ave Kenosha 53143</u>	<u>2002 - Present</u>
<u>Professional Transit Mgmt OF Racine</u>	<u>1900 Kentucky St 53405</u>	<u>May 2005 Present</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>Pat &amp; Steve 3 Coins</u>	<u>58<sup>th</sup> St Kenosha 60<sup>th</sup> Ave</u>	<u>652-8111</u>
<u>Linda Boyington</u>	<u>6015 60<sup>th</sup> St</u>	<u>658-4413</u>

State of Wisconsin )  
 County of Racine )

Mary Shelton, 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.

Mary Shelton  
 Signature of Applicant

Subscribed and sworn to before me this  
15<sup>th</sup> day of June, 2006  
[Signature]  
 Notary Public, Racine County, WI  
 My Commission Expires 12.23.07

**Physician's Validation**

I, LISA M SIMONDS, MD, certify that Mary Shelton  
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.

Lisa M Simonds  
Signature of Physician

Address ALL SAINTS MEDICAL GROUP City UNION GROVE, WI Zip Code 53182  
LISA M. SIMONDS, MD  
1120 MAIN STREET

6/12/2006  
Date of Certification