20183794-6 5166-18168

	\$ 65.00
- ₹50.00	
Fee: \$20.00	Fee: \$20.00

Fee: \$15.00 (Record Check)

☐ New	Renewal
License Expires on	December 31, 20

<u>Application – Public Passenger Vehicle Driver's License – City of Racine</u>

Answer the following fully and con	npletely:		
Name Roanie Daws	νον	D.O.B.	
Address 1469 Grange	e Ave.	Racine, WI,	53405 Zip Code
Visconsin Driver's License Number _	*		F
Commercial Driver's License Number	r (if applicable)	4	
Education (number of years complete	ed) High shed	100	
Past Experience in Transportation of	Passengers (if any) <u>Fol</u>	ur year School	Bus
lame of Business Applicant Will Wo	rk for B+B Packe	aged Services L	LC.
Revised 4/13) Pursuant to Secs. 22-	-1066 through 22-1074 of th	e Municipal Code of the City	of Racine, I hereby
pply for a Public Passenger Vehicle	license in conjunction with	the following type of service.	No. of the last of
pply for a Public Passenger Vehicle Taxicab	Shuttle Vehic		uxury Limousine

Name of Company	Address	Employment Dates
Campbells snades	4625 W. Oak wood PK.	3-2024 -, Present
Case Ivera Holland	2701 Oakes RD. Sturfeyant	3-2023-3-2024
InsiniCerator	41700 2187, Rucme, WF	1-2020-3-2023

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
Caseu Pons	5106 Taylor Ave.	262-7947390
Jelane Me Quater	1537 W, 82 St. Chrcgg IL	124-322-6603
Gregory Moore	2710 Wright Ave	262 447.443
Lancer Everett	4307 2187.	262.612.0560

State of Wisconsin)	
County of Racine)	
and signed the foregoing application for a Public Passenger Veh the applicant are true.	on oath, says that (s)he is the person who made icle License and that all the statements made by
$R^{\cdot}c$	
	Signature of Applicant
Subscribed and sworn to before me this	
The day of August, 20 25 Tosium Deler Notary Public, Racine County, WI My Commission Expires 02-28-2027	NOTARY PUBLIC 25
My Commission Expires Code 300	OF WISCOUTT

Physician's Validation

i, Okell R. Wilhams, MD, cert	ify that <u>Koamie</u>	DAWSON
does not have any disease, infirmity, or condition v	which would be reason	ably likely to create an
unsafe condition if the applicant were to engage in	the transportation of p	assengers.
Signature of Physician		
Address BAY Rd #140	City	53/42 Zip Code
Date of Certification 2, 2025		