

06-1551

Fee: \$20.00

Receipt No. 244594

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

Name Lynne M Stricker D.O.B. 5/11/55

Address 840 Rivesbrook DR Racine 53405  
City Zip Code

Wisconsin Driver's License Number \_\_\_\_\_

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

Date Granted \_\_\_\_\_

**The Racine Police Department – Investigation**

**Applicant has:**

No record

Record (see attached sheet)

**Temporary permit:**

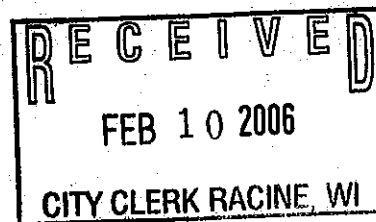
Issue

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 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 Lynne M Stricker Phone No. 262-634-6516  
 Address of Applicant 840 Riverbrook DR City Racine Zip Code 53405  
 Date of Birth 5/11/55  
 Wisconsin Driver's License Number 5362-5335-5671-00  
 Education (number of years completed) Associates MKT Degree  
 Past Experience in Transportation of Passengers (if any) Limousine owner

Name of Business Applicant Will Work for Chariot Limousine

Past Employment (starting with most recent):

Name of Company	Address	Employment Dates
<u>Associated Bank</u>	<u>Kenosha WI</u>	<u>June 2000 - 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>Rose Blaczynski</u>	<u>Racine Lathrop AVE</u>	<u>262-638-9775</u>
<u>Debby Yocco</u>	<u>Racine</u>	<u>262-308-9100</u>
<u>Doug Newman</u>	<u>Racine</u>	<u>262-598-1740</u>
<u>Brett BeZotte</u>	<u>Kenosha</u>	<u>262-598-1740</u>

State of Wisconsin )  
 County of Racine )

\_\_\_\_\_, 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.

Lynne M Stricker  
 Signature of Applicant

Subscribed and sworn to before me this  
4th day of February, 2006

Danielle Rogers  
 Notary Public, Racine County, WI  
 My Commission Expires 12-3-2006



**Physician's Validation**

I, John Brennan, MD, certify that Lynne Stricker  
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.

John Brennan  
Signature of Physician

3807 Spring St. Racine WI 53406  
Address City Zip Code

2/1/06  
Date of Certification