

Bill  
1992

A-1 Safe Cab  
0564-19

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

Receipt No. 20172782-2 Account No. 11101-44110  
Account No. 11101-46100

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

License Expires on December 31, \_\_\_\_\_

4916

New     Renewal    License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Name Brianne Scott D.O.B. \_\_\_\_\_

Address 3408 Elderberry Rd. Racine 53402  
City Zip Code

Wisconsin Driver's License Number S300-0709-2590-09

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

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

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 \_\_\_\_\_

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 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 Brianna Scott Phone No. 414-234-2744\*

Address of Applicant 3408 Elderberry Rd City Racine Zip Code 53402

Date of Birth \_\_\_\_\_

Wisconsin Driver's License Number 5300-0709-2590-09

Education (number of years completed) 13

Past Experience in Transportation of Passengers (if any) \_\_\_\_\_

Name of Business Applicant Will Work for A1 safe cab

Past Employment (starting with most recent):

Name of Company	Address	Employment Dates
B-12 Store	Greendale WI	2017 - 2019
Home healthcare	Greendale, WI	2015 - 2017
7-11	Madison, WI	2012 - 2015

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
Margaret Lambert	Racine, WI	262-488-1225
Crystal Parker	Union Grove, WI	262-351-9177
Rae Rosenow	Greenbay, WI	920-217-7611
Elizabeth Hetherington	Reedsburg, WI	608-434-2728

State of Wisconsin )  
County of Racine )

Brianna Johanna Scott, 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.

Brianna Scott  
Signature of Applicant

Subscribed and sworn to before me this 29th day of April, 2019

Brianna Scott

M. Wilkinson  
Notary Public, Racine County, WI


My Commission Expires 4-8-21



Physician's Validation

I, BRIGG BARNWESS, MD, certify that Brianna Scott

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

7322 236TH AVE, Paddock Lake, WI 53168

Address

City

Zip Code

4-18-19

Date of Certification