

0787-19

Office of the City Clerk



City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
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Tara Coolidge
City Clerk

City of Racine, Wisconsin

TO: Briston McCrackin

DATE: 6/25/2019

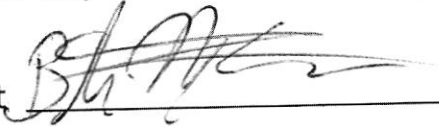
FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a Public Passenger Driver located at 4024 Marquette Dr. #2 Racine, WI 53407 will be presented to the Public Safety and Licensing Committee on July 9th, 2019 at 5:30P.M., in Room 307, City Hall. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license.** Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$15.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant 

Signature of applicant/partner _____

Today's Date 6/25/19

997 / 1289

Bill 2557

067

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"/>	<input type="checkbox"/> Horse and Surrey

Answer the following fully and completely:

Name of Applicant Briston McCrackin Phone No. (213) 6755350

Address of Applicant 4024 Marquette Dr. City Racine Zip Code 53409

Date of Birth _____

Wisconsin Driver's License Number Y

Education (number of years completed) Ged

Past Experience in Transportation of Passengers (if any) 1 yr

Name of Business Applicant Will Work for Great Lakes transportation

Past Employment (starting with most recent):

Name of Company	Address	Employment Dates
Save A Lot	1500 State St.	9/17 to 4/19
Festival Foods	5740 Washington Ave	6/15 to 4/19
Sams Club	3300 Brumback Bl	2/07 to 2/16

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
Chad	1022 Hayes	262-865-4240
Christina	1304 Roymane	262-504-9684
MyShawn	1104 MICK Dr	262-880-4040
Taylor	1204 Byrd Ave	262-488-4240

State of Wisconsin)

County of Racine)

Briston McCrackin, 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.

[Signature]
Signature of Applicant

Subscribed and sworn to before me this 25th day of June, 2019

[Signature]

Notary Public, Racine County, WI

My Commission Expires Jan. 1st, 2023

