



**CITY OF RAWLINS  
P.O. BOX 953  
RAWLINS, WY 82301**

**TAXI CAB DRIVER LICENSE APPLICATION**

**TAXI CAB BUSINESS INFORMATION**

**Business Name:** \_\_\_\_\_  
**Business Owner's Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **Rawlins, WY 82301**  
**Business Phone Number:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**City License Date's:** \_\_\_\_\_

**DRIVER APPLICANT INFORMATION**

**Name of Applicant:** \_\_\_\_\_  
**Address of Applicant:** \_\_\_\_\_ **Rawlins, WY 82301**  
**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Driver License State Issued:** \_\_\_\_\_ **Exp.:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Annual License Fee: \$25.00**                      **Finger Print Card (to WY DCI) \$15.00**

**Applicant will complete an application and waiver for a criminal investigation, which will be mailed to:**

**Office of the Attorney General  
Division of Criminal Investigation  
Criminal Records Section  
316 West 22<sup>nd</sup> Street  
Cheyenne, WY 82002**

**Include a \$15.00 Money Order requesting the information be returned to the City Clerk.**

**Deputy City Clerk:** \_\_\_\_\_ **Date:** \_\_\_\_\_