VILLAGE OF LAKE IN THE HILLS
PUBLIC PASSENGER VEHICLE
CHAUFFEUR’S LICENSE APPLICATION

Last Name: ____________________________  First Name: ____________________________  Middle Initial: _____

Street Address: ________________________________________________________________

City: __________________________________________ State: ____________ Zip Code: ____________

Home Phone #: ____________________________  Business/Cell Phone #: ____________________________

Date of Birth ____________________________  City/State of Birth ____________________________

Driver’s License # ____________________________________________  State ____________

Driver’s License Restrictions ____________________________________________  Company You Drive For ____________________________

Do you have a valid Illinois Drivers License? Yes ☐  No ☐*

Are you licensed to drive in any other state? Yes ☐*  No ☐

Has your driver’s license ever been suspended or revoked? Yes ☐*  No ☐

Have you ever used or been known by any other name? Yes ☐*  No ☐

Have you ever been convicted of a violation of Federal, State or Municipal Law? Yes ☐*  No ☐

* Please provide additional information on a separate sheet of paper and attach it to this form.

EMPLOYMENT HISTORY
LIST EMPLOYERS FOR THE PAST 5 YEARS

From: (Month/Year) To: (Month/Year)  Employer & Complete Address
__________________________________________________________
__________________________________________________________
__________________________________________________________

I certify that the above information provided is accurate and that I have read and will comply with Chapter 36 of the Lake in the Hills Municipal Code.

________________________________________  ____________________________
Signature  Date

Printed Name ________________________________________________________________