CITY OF EDEN TAXICAB OPERATOR PERMIT APPLICATION

NAME:_____

ADDRESS:_____

PREVIOUS ADDRESS:_____

PLACE OF BIRTH:_____

NC DRIVER'S LICENSE_____DATE OF EXPIRATION:_____

WEIGHT:_____HEIGHT:_____RACE:_____

HAIR:_____:EYES:_____:MARITAL STATUS:_____

TRAFFIC ARREST AND CONVICTIONS:_____

_____

CRIMINAL HISTORY:_____

_____

DO YOU HAVE PHYSICAL IMPAIRMENTS: YES NO
***IF YES, PLEASE EXPLAIN*:**

_____

HAVE YOU EVER HAD A TAXI DRIVER PERMIT OR APPLICATION REVOKED OR DENIED?
YES NO

PREVIOUS EMPLOYER:_____

PROSPECTIVE EMPLOYER AND ADDRESS:_____

_____

ARE YOU A U.S. CITIZEN: YES NO

LIST 3 REFERENCES WITH ADDRESSES AND PHONE NUMBERS:

_____

_____

_____

I DO DECLARE THAT THE INFORMATION THAT I HAVE FURNISHED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY PORTION OF THIS APPLICATION IS FOUND TO BE FALSE, INACCURATE OR INCOMPLETE, MY APPLICATION FOR A PERMIT WILL BE DENIED.

SIGNATURE_____DATE:_____