

DATE:_____ CASH:_____ CHECK#:_____ RECEIPT#:_____ INT.

GREENVILLE POLICE DEPARTMENT

APPLICATION FOR PERMIT TO OPERATE TAXICAB / LIMOUSINE

TO: Chief of Police of the City of Greenville

Permit # _____

I hereby make application for a permit to operate a taxicab in the City of Greenville, N.C.

1. Full name:_____ Phone:_____

2. Present address: _____

3. Time at present address: _____ years; _____ months.

4. Previous address: _____

5. Date of birth: _____

6. Height: _____ ft. _____ in.; Weight: _____; Hair: _____; Eyes: _____

7. SSN#: _____; Drivers License #: _____ State: _____

8. Are you are legal resident of the United States? ____ Yes ____ No

9. Prior driving experience: Private/personal vehicle: _____ years; _____ months

10. Do you have prior driving experience transporting passengers (aside from operating a taxicab)? ____ Yes ____ No

If yes, when and in what capacity did you transport passengers _____?

11. Do you have any physical impairment that would affect your ability to operate a taxicab? ____ Yes ____ No

If your answer is yes, you may be required to provide a statement from your physician.

12. Name of company for which you are going to drive: _____

13. Have you ever been employed with a taxicab company previously? ____ Yes ____ No

If you answer is yes, Name of company: _____

Address of company: _____

14. Have you ever been arrested or convicted for the following:

DWI: ____ Yes ____ No

Alcohol Offenses: ____ Yes ____ No

Assault: ____ Yes ____ No

Prostitution or Solicitation for prostitution: ____ Yes ____ No

Violation of Controlled Substances Act (Drugs): ____ Yes ____ No

If yes, give details as to the date of arrest, court location, charge, and final disposition. Attach a certified copy of conviction/disposition. Attach extra pages if necessary.

15. Have you ever been convicted of a felony in this State or any other State? ____ Yes ____ No. If yes, give details as to the date of arrest, court location, charge, and final disposition. Attach a certified copy of conviction/disposition. Attach extra pages if necessary.

16. Have you ever been convicted of a crime involving the use of a weapon of any type? ____Yes ____No. If yes, give details as to the date of arrest, court location, charge, and final disposition. Attach a certified copy of conviction/disposition. Attach extra pages if necessary.

STATEMENT:

I understand that my criminal history and driving record will be reviewed to verify the information I have disclosed in this application and the failure to answer truthfully in response to the questions on this application may cause the denial of the issuance of a taxi drivers permit.

I do hereby release a copy of my controlled substance test results to the Chief of Police (as defined by city ordinance 11-1-11(2).

I swear/affirm that the above information has been answered truthfully and is accurate and complete to the best of my knowledge.

Signature of Applicant

Sworn and subscribed before me on
this ____ day of _____, 20____.

Notary Public

My Commission expires: _____

NOTE TO APPLICANT:

When submitting this application, you must bring the following with you:

The applicant must have, attached to this application, a copy of the results of a ten (10) panel controlled substance test as set forth by section 11-1-62 of the Greenville city code.

The application fee and permit fee is set by the Greenville City Council at \$30.00 and must accompany this application when submitted. THIS FEE IS NOT REFUNDABLE.

Permits are renewable annually for a fee of \$19.00.

STATUS OF APPLICATION:

APPROVED_____

DENIED_____

DATE OF ACTION:_____

CHIEF OF POLICE

GPD:29:07-06(Revised)
doc:#48034