

APPLICATION FOR PERMIT TO OPERATE TAXICAB

To: Inspector of Taxicabs, Town of Wilkesboro, North Carolina

1. Full Name: _____
2. Address: _____
3. Resided at present address: _____ Years: _____ Months: _____
4. Previous Address: _____
5. Do you have any physical impairment that affects your ability to drive a taxicab? If so, describe:

6. Prospective Employer: _____
7. Previous Employer: _____
8. Age: _____ 9. Weight: _____ 10. Height: _____ 11. Race: _____
12. Color of Hair: _____ 13. Color of Eyes: _____
14. Marital Status: _____ 15. State Chauffeur's License Number: _____
16. Previous Driving Experience: _____
17. Are you a citizen of the United States? _____
18. Have you ever been refused a permit to operate a taxicab? Yes _____ No _____
19. Ever been arrested or indicted? _____ If so, list complete information as to date, place, Charge, and verdict. _____

20. Education: Grammar School: _____ High School: _____
21. Fee for the permit is \$3.00 payable in advance, also attach a photograph to the application.

Applicant Signature

Subscribed and Sworn before me, this
the ____ day of _____, 20____.

Approved: _____ Date: _____

Rejected: _____ Date: _____

Notary Public

Taxicab Inspector

Commission Expires: _____

Permit No: _____ Date: Issued: _____