

APPLICATION FOR PERMIT TO OPERATE TAXICAB

I hereby make application for permit to operate a taxicab in the City of Hickory, North Carolina.

New Permit _____ Renewal Permit _____ Prior Permit Number _____

Full Name _____
Last First Middle Maiden

Present Address _____
Street City State Zip Code

Phone Number _____

If you have lived at the residence listed above less than ten years, list previous address:

DOB _____ Over 18 years of Age? Yes No Weight _____ Height _____

Hair Color _____ Eye Color _____ SS # _____

Valid Driver's License? Yes No DL Number _____ State _____

Marital Status _____ Are you a US Citizen? Yes No

Prospective Employer's Name _____ Full Time Part Time

Have you ever:

- | | | |
|---|-----|----|
| 1) Applied for and been refused a permit to operate a taxicab or had a taxi driver's permit revoked?
<i>If yes, please explain on the reverse side of this form.</i> | Yes | No |
| 2) Held a driver's license in another state in addition to North Carolina? <i>If yes, please list the state(s) and driver's license number(s) on the reverse side of this form.</i> | Yes | No |
| 3) Had your driving privileges revoked by this or any other state? <i>If yes, please list the state(s) and the reason revoked on the reverse side of this form.</i> | Yes | No |
| 4) Accumulated a sufficient number of points against your driver's license issued by this or any other state to justify a suspension or revocation of your driver's license? <i>If yes, list the state(s) on the reverse side of this form.</i> | Yes | No |
| 5) Been treated for mental disorder, heart attack, epilepsy, or diabetes? <i>If yes, please list what you have/are being treated for and the date of the last treatment on the reverse side of this form.</i> | Yes | No |

NOTE: If you have been treated in the last six months, a written medical statement from a physician or psychiatrist or both must accompany your application. The medical statement must state the last date of reoccurrence of any mental disorder, heart attack, epilepsy or diabetes and must make a recommendation of the applicant being physically capable and mentally competent to operate a taxicab.

6) List any and all medications you have been prescribed in the past two years.

7) Have you ever been addicted to or have you ever been a habitual user of alcoholic beverages? Yes No
If yes, list the last date of use: _____

8) Have you ever used any narcotics or other habit-forming substances, excluding those prescribed under a doctor's care? Yes No
If yes, list name of substance and last date of use: _____

9) Have you ever been addicted to or have you ever been a habitual user of any narcotics or habit-forming drugs? Yes No
If yes, list name of substance and last date of use: _____

10) Have you ever been convicted of, or entered a plea of no contest to:

A A felony in North Carolina? Yes No

B Any offense in any other state that would have been a felony if the applicant had been convicted in this state? Yes No

C A crime involving a motor vehicle resulting in death? Yes No

D Driving a motor vehicle while intoxicated? Yes No

E A violation of any local, state, or federal laws related to alcoholic beverages, narcotics or prostitution? Yes No

F Any other crime, including summons, arrest(s), indictment(s) and/or traffic citations? Yes No

If you answered yes to any of the above questions, list the date of offense, original charge, state and county of charge and what the applicant was actually charged with, on the reverse of this form.

I understand that by making false statements on this application or by failing to supply Hickory Police Department with any of the required information, shall result in my being refused a permit to operate a taxicab in the City of Hickory, North Carolina.

Signature of Applicant _____

Sworn and subscribed to before me this Day day of month, year

Signature of Notary Public _____

My commission expires:

10-10-2019