

TOWN OF WILKESBORO

Taxi Service Application

NAME: (If a Partnership or Corporation), list all partners or corporate stockholders and pertinent information as follows on each:

Address: _____ Time at Address: _____
 Street City State Zip

Address: _____ Time at Address: _____
 Street City State Zip

License #: _____ Social Security #: _____ Birthdate: _____

Proposed Office Address: _____ Phone: _____

Education Background: College: _____	High School (Complete) 1 2 3 4 Graduate _____
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EMPLOYMENT BACKGROUND (List most recent data first) (attach additional sheets if necessary)	
Employer: _____	Position: _____
Address: _____	Dates: _____ to _____
Employer: _____	Position: _____
Address: _____	Dates: _____ to _____

Number of vehicles to be used in operation of taxi Services: _____

List year, make and seating capacity of vehicles to be used:

1. Make _____ Year _____ Seating Capacity _____
2. Make _____ Year _____ Seating Capacity _____
3. Make _____ Year _____ Seating Capacity _____
4. Make _____ Year _____ Seating Capacity _____
5. Make _____ Year _____ Seating Capacity _____

List all equipment to be used in operation of Taxi Service in Wilkesboro:

Hours Proposed for Taxi service: _____

Proposed Taxi Stands: _____

Number of proposed Taxi drivers at this time: _____

Drivers' names and attached application for Driver Permit: _____

Insurance Company: _____ Policy No.: _____

(Attach copy of proof of Insurance Certificate)

Has any applicant been convicted of a felony? If yes, explain:

Has any applicant been convicted of any State or Federal offense related to possession of intoxicating liquor or narcotic or barbiturate drugs? _____

Is any applicant addicted to or a habitual user of intoxicating liquor or narcotic or barbiturate drugs? _____

Has any applicant been convicted of a violation of Federal or State Law related to prostitution or sexual offenses? _____

Is applicant a citizen of the United States? _____

Please state each applicant's traffic record (violations and convictions) for the past three years:

Does applicant understand that the Town of Wilkesboro may refuse to grant a permit for any driver who does not meet the criteria of former questions: _____

APPLICATION FOR PERMIT TO OPERATE A 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 No.: _____
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 arrested or indicted? _____ If so, list complete information as to date, place, charge and verdict. _____

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

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

Notary Public
Commission Expires: _____
Permit No.: _____ Date Issued: _____

Applicant Signature

Approved: _____ Date: _____
Rejected: _____ Date: _____

Taxicab Inspector
RIGHT THUMB PRINT:

TAXICAB DRIVERS PERMIT
TOWN OF WILKESBORO NORTH CAROLINA

PERMIT NO: _____ DATE: _____
ISSUED TO: _____
ADDRESS: _____
AGE: _____ WEIGHT: _____ HEIGHT: _____ RACE: _____
COLOR OF HAIR: _____ COLOR OF EYES: _____
VALID UNTIL: _____ 20__, OR UNTIL REVOKED BY
THE TAXICAB INSPECTOR OF THE TOWN OF WILKESBORO

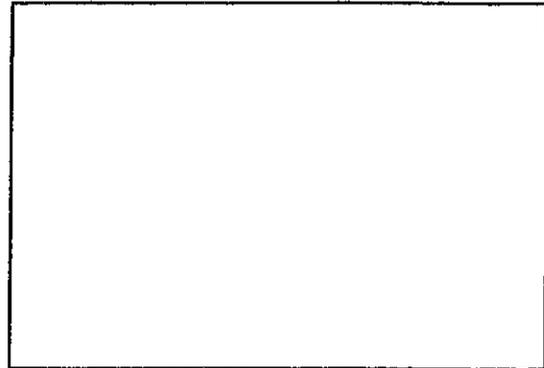
TAXICAB INSPECTOR

THIS PERMIT MUST BE DISPLAYED AT ALL TIMES WHEN OPERATING A TAXICAB.

RIGHT THUMB PRINT BELOW



PLACE PHOTOGRAPH IN THIS SPACE





WILKESBORO POLICE

100 West Street • Wilkesboro, North Carolina 28697
Phone 336.667.7277 • Investigations 336.838.1171
Fax 336.838.9905
www.wilkesboropd.com

ROBERT D. BOWLIN
CHIEF OF POLICE

STEVEN L. DOWELL
ASSISTANT CHIEF

APPLICATION FOR VEHICLE FOR HIRE PERMIT TAXI CAB

DATE _____

NAME OF COMPANY _____

ADDRESS _____

PHONE NUMBER _____

OWNER OF COMPANY _____

LIABILITY INSURANCE COMPANY:

COMPANY
NAME _____

ADDRESS _____

“Not One Step Backwards”

POLICY NUMBER _____

POLICY HOLDER NAME _____

ATTACH ONE COPY OF THE POLICY ALONG WITH APPLICATION

**DESCRIBE IN DETAIL ALL COMPANY VEHICLES USED FOR TAXI CABS-
INCLUDE LICENSE PLATE NUMBERS AND SERIAL NUMBERS:**

**INCLUDE FULL NAMES OF ALL COMPANY DRIVERS INCLUDING
DRIVERS LICENS FROM ALL STATES**



SIGNATURE _____ **DATE** _____