

# 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: \_\_\_\_\_ Years at Address: \_\_\_\_\_  
Street City State Zip

Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_  
Street City State Zip

License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Proposed Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Education Background:	High School (Completed) 1 2 3 4
College: _____	Graduate: _____

### 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 the operation of Taxi Services: \_\_\_\_\_

List the 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 \_\_\_\_\_

List all equipment to be used in the 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 of Driver Permit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
**(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 the 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 the applicant a citizen of the United States? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Does the 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: \_\_\_\_\_

\_\_\_\_\_