



CITY OF BURLINGTON

Application for Taxicab Drivers Permit

Revised 1-24-2020

- Pay application fee to Tax Collector(\$30)
- Applicant will then get fingerprinted at PD and take all required documents (2 photos, size 2 X 3 taken within 3 months of date of application) & completed application to the PD (267 W Front St Burl, NC 27215)

Date: _____

Full Name: _____

Address: _____ Years at residence _____

DOB: _____ AGE: _____ SSN: _____ Phone Number: _____

Sex: _____ Height: _____ Ft. _____ In. Weight _____ lbs.

Hair Color: _____ Eye Color: _____

Complexion: _____ Married/Single/Divorced (Circle One) # of Children _____

NC Driver's License #: _____ US Citizen Yes or No (Circle one)

List Previous Addresses:

1-Address: _____ Years _____

2-Address: _____ Years _____

3-Address: _____ Years _____

Have you ever been convicted of a violation of the law including traffic offenses?

Yes: _____ No: _____

If so list below:

List any of the following: Scars, Marks, and Tattoos and where located:

Have you had previous experience as vehicle for hire or taxicab driver? Yes _____ No _____

If so, list former employers and city:

Current Employer:

--



CITY OF BURLINGTON

Application for Taxicab Drivers Permit

Revised 1-24-2020

New Application

Renewal Application

YOU MUST HAVE APPLICATION NOTARIZED

I, _____, hereby apply for a City Taxi Drivers Permit and solemnly swear/or affirm, that all statements in this application, as above set forth, are true and correct to the best of my knowledge and belief. It is fully understood that any false or misrepresentation of material fact, by applicant, in this application shall be considered sufficient grounds for refusal of this permit.

Signed _____, Applicant

This is to certify that the above applicant for a Taxicab Operator's license has personally appeared before me and swears/or affirms that all answers and information herein before contained is true to the best of his knowledge and belief.

Subscribed and sworn to before me _____,

Notary Public in and for the State of North Carolina, County of Alamance,

This the _____ day of _____, 20 ____.

My commission expires _____

Notary Public Seal:

Official Use Only:

RECOMMENDATION OF THE CHIEF OF POLICE:

It appears that the above applicant _____ met the requirements of the City Ordinance
(Does/Does not)

Rendering him/her eligible to receive a City Taxi Driver's Permit.

It is recommended that this application be _____ (Granted-Rejected)

CHIEF OF POLICE or ASSIGNEE: _____

Permit Issued by: _____