



# TOWN OF GARNER

## Application for Taxicab Company Authorization

### APPLICANT INFORMATION

NAME	Last	First	Middle	CONTACT	Cellular Phone #	
	# Street Apt.#				Other Phone #	
					Email Address	
ADDRESS	City	State	Zip			

The information below is required in order to complete your background check.

This data will not be shared anyone outside of this organization, and will only be used for the purpose of this application process.

Date of Birth (MM/DD/YYYY)	Race	Sex	US Citizen? YES NO	Social Security #	Driver's License Number & State of Issue
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**You must provide a valid government-issued photo ID card at the time you submit this application.**

Company Name:	Contact Person (and title) for Company:
Company Address: # Street Apt.#	Contact Person Office Phone:
City State Zip	Contact Person Cell Phone:

### APPLICANT'S BACKGROUND INFORMATION

Answer the following questions. If you answer "YES" to any question, you **MUST** explain in detail on an attached page.

Have you ever:

Been convicted of a felony in North Carolina or any other state in the U.S.?	YES	NO
Been convicted of any federal or State law relating to the use, possession, or sale of alcoholic beverages or narcotic or barbiturate drugs?	YES	NO
Been addicted to or habitually used alcoholic beverages or narcotic or barbiturate drugs?	YES	NO
Been convicted of any federal or State law relating to prostitution?	YES	NO
Been convicted of a financial related crime (Fraud, Forgery, False Pretense, etc.)?	YES	NO
Been convicted of any crime involving the possession, sale, or use of a weapon?	YES	NO
Been convicted of a sex offense, indecent exposure, or contributing to the delinquency of a minor?	YES	NO
Been required to register as a sex offender?	YES	NO

**FINANCIAL STATUS**

Do you have any unpaid judgements against you? If yes, answer the questions below for each outstanding judgment (use an additional page if necessary):			<b>YES</b>	<b>NO</b>
Debtor:	Amount of Judgement:	Nature of Transaction / Act Resulting in Debt:		
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**DESCRIPTION OF VEHICLES**

**List each vehicle that you intend to use a taxicab under the authority of this authorization when issued:  
(continue on an attached page if necessary)**

Year	Make	NC Registration #	VIN #	Owner's Name

**VEHICLE INSIGNIA / SCHEME**

Describe the color scheme and/or insignia that will be used to designate your vehicles (attach photos if applicable):

**ADDITIONAL INFORMATION**

List any proposed locations / addresses where you intend to wait for potential fares (use an additional page if necessary):
1.
2.
3.
4.

I certify the statements herein are complete and accurate to the best of my knowledge. I hereby authorize a designee of the Garner Police Department to conduct an investigation to determine the validity of the contents of this application. I further authorize this agency to conduct a criminal background investigation for the purpose of this application process and hereby waive any claim under the Federal Privacy Act.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Do NOT sign the application until you arrive at the Garner Finance Department to submit it)

**The \$15.00 fee for the issuance of a Town of Garner Taxicab Company Authorization and the \$15.00 fee per taxicab is due at the time the certificate is granted.**

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**TOWN STAFF USE ONLY BELOW THIS LINE**

Application received by: \_\_\_\_\_  
Name Date

Copy of Photo ID received by: \_\_\_\_\_  
Name Date

Police background check completed by: \_\_\_\_\_  
Name Date

Approved  Not Approved (attach memo if not approved)

Heard before Council on \_\_\_\_\_  
Date  Approved  Not Approved

Fees Due: • \$15.00 certificate fee • \_\_\_\_\_ taxicabs @ \$15 each = \_\_\_\_\_ • Total = \$ \_\_\_\_\_

Fees Received / Authorization Issued by: \_\_\_\_\_  
Name Date