



TOWN OF GARNER

Application for Taxicab Driver's License

Original / New Application

Renewal Application

(Provide a copy of your current license)

NAME	Last			First			Middle			Cellular Phone #			
	ADDRESS	#			Street			Apt.#			Other Phone #		
		City			State			Zip			Email Address		
Taxicab Company						Owner Name / Number							
<p>The information below is <u>required</u> 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.</p>													
Date of Birth (MM/DD/YYYY)			Race	Sex	US Citizen?		Social Security #			Driver's License Number & State of Issue			
					YES NO								

You must provide a valid government-issued photo ID card at the time you submit this application.

APPLICANT'S BACKGROUND INFORMATION

<p>Answer the following questions. If you answer "YES" to any question, you MUST explain in detail on an attached page. Have you ever:</p>		
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

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 fee for the issuance of a Town of Garner Taxicab Driver's License is due at the time of application.

TOWN STAFF USE ONLY ON THIS PAGE

Application Fee received by: _____
Name Date

Copy of Photo ID received by: _____
Name Date

Police background check completed by: _____
Name Date

Approved Not Approved (attach justification memo if not approved)

Taxicab Driver's License issued by: _____
Name Date