



PLANNING AND INSPECTIONS DEPARTMENT
POST OFFICE BOX 1065 • DUNN, NORTH CAROLINA 28335
(910) 230-3505 • FAX (910) 230-9005
www.dunn-nc.org

APPLICATION FOR PERMIT TO OPERATE A TAXICAB IN THE CITY OF DUNN

Date: _____

Applicant: _____

TO: City Manager, City of Dunn

VIA: Chief of Police

Subject: Application for Taxicab Driver's Permit

Pursuant to the provisions of the Taxicab Ordinance of the City of Dunn, I hereby make application for a permit to operate a Taxicab in the City of Dunn and submit for your consideration the following information regarding myself:

1. Name in full: _____ Age _____
2. Present Address: _____ Since _____
3. Former Address: _____
4. I hold North Carolina Driver's License Number: _____
5. Resident of the City of Dunn: _____ Years _____ Months _____
6. Date of Birth _____ Place of Birth _____
7. Citizenship: US _____ Other (please specify) _____
8. Education:
 - a) Elementary _____ Years _____
 - b) High School _____ Years _____
 - c) College _____ Years _____



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9. Health Information:

- a) Married Single
- b) Male Female Race _____ Complexion _____
- c) Eyesight _____ Hearing _____
- d) Physical Deformities: (if any, please list) _____
- e) I am I am not subject to Epilepsy
- f) I am I am not subject to Vertigo
- g) I am I am not subject to Heart Trouble
- h) I am I am not subject to any other infirmity of body or mind.

10. For the 3-year period immediately preceding the date of this application, I have been employed as follows:

From	To	Name of Company	Address

11. I have have not been arrested. (If so, show complete record of arrests and dates)

Date of Arrest	Nature of Arrest	Disposition

12. I have have not had my State automobile Driver's license or Taxicab Driver's Permit suspended or revoked within the last 3 years. (If so, state which, what reason and dates.)

13. I have have not been convicted of a felony within the last 5 years.

14. I have have not been convicted of Driving While Intoxicated within the last 3 years.

15. I have have not been convicted of a violation of any Law, State or Federal, relating to the use, possession or sale of intoxicating liquors within the last 3 years.

16. I have have not been convicted of a violation of any Law, State or Federal, relating to Prostitution with the last 3 years.

17. I have have not been convicted of a violation of any Law, State or Federal, relating to the use, Possession or sale of Narcotics or other habit-forming drugs.

18. I have have not been a habitual user of intoxicating liquors, narcotics or barbiturates. If so, to what extent: _____

19. I have have not been convicted, in any criminal court, of two or more violations of Traffic Laws or Ordinances within any period of 12 months during the 36 months immediately preceding the date of this application.

I submit herewith three affidavits by reputable citizens who have certified as to my character, and a testimonial from my last employer. I certify that the foregoing statements are complete and true to the best of my knowledge and belief.

I, the undersigned, have read and am thoroughly familiar with the Ordinance of the City of Dunn pertaining to the licensing and regulating of Taxicabs in the City of Dunn. I furthermore agree to abide by these and all other ordinances of the City of Dunn and Laws of the State of North Carolina.

I hereby authorize the City of Dunn Police Department to conduct an investigation to determine the validity of the contents of this application. I furthermore, authorize the City of Dunn Police Department to conduct a criminal/civil investigation and for these purposes hereby waive any claim under the Federal Privacy Act of 1974.

Submitted by:

Applicant's Signature

County, State of North Carolina

Sworn to and subscribed before me this ____ day of _____, 20____ by

_____.

Signature of Notary Public

(Official Seal)

My Commission Expires: _____



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APPLICATION FOR TAXI CAB OWNER'S PERMIT

All questions on this application must be answered fully before an owner of any taxi can be issued a City of Dunn Privilege License to operate a Taxi Company in the City of Dunn.

PLEASE PRINT:

Application for Owner's Permit for the Year: _____
(Owner's permit is good for the fiscal year July 1 – June 30 to coincide with Privilege License Year.)

Business Name: _____

Street Address: _____

Mailing Address: _____

Business Telephone: _____

Applicant's Full Name: _____
(Last) (Suffix) (First) (Middle)

Applicant's Address: _____

Telephone Numbers: _____
(Primary) (Other)

Social Security Number: _____

Date of Birth: _____ Race: _____ Sex _____

NC Driver's License Number: _____

- *If an Applicant is a corporation or partnership, the above information will be provided for each officer of the Corporation and list their title with the company.*
- *A certified copy of the Articles of Incorporation or Partnership must also be attached.*



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Number of Vehicles proposed to be operated: _____

Number of vehicles actually owned and actually operated at application date: _____

Indicate the type of fare collection: _____

Meter: _____ Flat Rate: _____

If Meter, list your rate schedule: _____

If Flat Rate, list your rate schedule: _____

Name of Insurance Company: _____

Policy Number: _____

Name of Agent: _____

Agent's Telephone Number: _____

During the preceding year, was there any lapse of liability coverage on your taxi cabs? _____ If so, when? _____

Are there any unpaid or un-bonded judgments of records outstanding? Yes No

If yes, the title of all actions and the amount of all judgments unpaid or un-bonded, reference to the judgments, docket and page where the judgment is recorded. _____

Please give a statement of your experience in transportation for hire: _____

Attached as "Exhibit A" and incorporated herein by reference is a list consisting of: make, type, year of manufacture, serial number, engine number, and passenger capacity of each taxicab to be operated under the owner's permit applied for.

Attached as "Exhibit B" and incorporated herein by reference is a list consisting of: the taxicab drivers, their addresses, license numbers and permit numbers, of the taxicab company under the owner's permit applied for.

I, the undersigned, have read and am thoroughly familiar with the Ordinance of the City of Dunn pertaining to the licensing and regulating of taxicabs in the City of Dunn. I furthermore agree to abide by these and all other ordinances of the City of Dunn and Laws of the State of North Carolina.

I hereby authorize the City of Dunn to conduct an investigation to determine the validity of the contents of this application. I furthermore authorize the City of Dunn to conduct a criminal/civil investigation and for these purposes hereby waive any claim under the Federal Privacy Act of 1974.

Applicant's Signature

_____County, State of North Carolina

Sworn to and subscribed before me this ____ day of _____, 20____ by
_____.

Signature of Notary Public

(Official Seal)

My Commission Expires: _____



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STATE OF NORTH CAROLINA
CITY OF DUNN, HARNETT COUNTY

AFFIDAVIT

Date: _____

TO: City Manager, City of Dunn

Via: Chief of Police, City of Dunn

From: _____ (Name of Citizen)

Subject: Character Reference of Applicant for Taxicab Driver’s Permit

This is to certify that I have known _____
(Name of driver applicant)

Personally and have observed his conduct for at least one (1) year preceding the date of this affidavit and can testify as to his good character, good conduct during that time, and that as a citizen of Dunn, I believe he is qualified to drive a taxicab in the City of Dunn.

Submitted by:

Address: _____



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TESTIMONIAL

Date: _____

TO: City Manager, City of Dunn

Via: Chief of Police, City of Dunn

Subject: Testimonial of Last Employer of Applicant for Taxicab Driver's Permit

This is to certify that _____ was an
(Name of driver applicant)
employee of this Business from _____ to _____,
and his/her services were found to be satisfactory.

He/She was found to be Honest Reliable and Sober .

He/She was separated from the services of this business because: _____

Signature

Business Name

Print Name

Business Address

Title

City, State, Zip Code



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Dunn Police Department

Authority for Release of Information

Having applied for a City of Dunn permit to operate a taxi cab in the city of Dunn, I _____ (print name) authorize the Dunn Police Department to perform a fingerprint search of the state's criminal history records files and if applicable a fingerprint search of the Federal Bureau of Investigations files for a national criminal records check in connection for and with my application to become a taxi cab operator with the city of Dunn pursuant to N. C. G. S. 66-165.

(Print legibly or Type)

Last name: _____

First name: _____

Middle: _____

Maiden: _____

Driver's License #: _____

Date of Birth: _____

Sex: Male Female

Social Security #: _____

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, The Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a **hard copy** of the results of this criminal history check to me.

**Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.*

Applicant's/Employee's Signature: _____

Date: _____

This form must be maintained on file with the above named agency for one year.



City of Dunn Taxi Owner's Permit No. _____

Date: _____ 20____, to _____, 20____

Owner's Name: _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

Name of Cab Company: _____

Car Make: _____ Model: _____ Cab No: _____

Motor No: _____ Body Style: _____

State License No: _____ City License No: _____

Surety Co: _____ Policy No: _____

Taxi Owner's Name: _____

THIS PERMIT MUST BE DISPLAYED IN CAB AT ALL TIMES.



City of Dunn Official