



# NEW APPLICANTS ONLY

## APPLICATION FOR PERMIT TO DRIVE TAXICAB/LIMOUSINE

(Application must be accompanied by Medical Examination Certificate)

To: The Mayor and City Council Members

I hereby make application for permit to drive a taxicab/limousine in the City of Wilson.

**TODAY'S DATE:** \_\_\_\_\_

1. FULL NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

4. PREVIOUS ADDRESS \_\_\_\_\_

5. DATE OF BIRTH \_\_\_\_\_ 6. PLACE OF BIRTH \_\_\_\_\_

7. SEX \_\_\_ RACE \_\_\_ 8. WEIGHT \_\_\_\_\_ 9. HEIGHT \_\_\_\_\_ 10. EYE COLOR \_\_\_\_\_

11. HAIR COLOR \_\_\_\_\_ 12. MARITAL STATUS \_\_\_\_\_ 13. SSN: \_\_\_/\_\_\_/\_\_\_\_\_

14. HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

15. US CITIZEN: \_\_\_

16. NCDL # \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRES \_\_\_\_\_

17. PRESENT EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_

18. COMPANY TO DRIVE FOR \_\_\_\_\_

19. CAB COMPANY SIGNATURE: (owner) \_\_\_\_\_

20. Have you ever been convicted of a Felony or Misdemeanor requiring imprisonment or a fine (Failure to disclose any arrest will result in an automatic 1 year postponement and applicant will have to reapply entirety) NO \_\_\_\_\_ YES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. EVER REFUSED PERMIT TO DRIVE TAXICAB/LIMOSINE? \_\_\_ WHEN \_\_\_\_\_

22. ANY PHYSICAL IMPAIRMENT? \_\_\_ EXPLAIN: \_\_\_\_\_

23. TRAFFIC VIOLATIONS: \_\_\_\_\_

**\*\*\*\*\*Turn Over\*\*\*\*\***

This application must be notarized

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
NOTARY

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FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

APPLICATION APPROVED \_\_\_\_\_

APPLICATION DENIED \_\_\_\_\_

Reason for Denial:

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William Scott Biddle, Chief of Police

# MEDICAL FORM

ALL EXPIRED FACECARD MUST BE TURNED IN FOR RENEWAL

## **PHYSICAL EXAMINATION FOR TAXICAB/LIMOUSINE DRIVERS**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_ (HOME PHONE NUMBER) \_\_\_\_\_ (CELL PHONE NUMBER)

	<u>RIGHT EYE</u>	<u>LEFT EYE</u>
1. VISION WITHOUT GLASSES	_____	_____
2. VISION WITH GLASSES	_____	_____

REMARKS: \_\_\_\_\_

3. HEARING: \_\_\_\_\_

4. BLOOD PRESSURE: \_\_\_\_\_

5. HISTORY OF EPILEPSY: \_\_\_\_\_

6. ARE THERE ANY CRIPPLING DEFECTS? \_\_\_\_\_

7. HEART: \_\_\_\_\_

THE FOLLOWING TESTS ARE NOT COMPULSORY, BUT SHOULD BE MADE:

1. BLOOD TEST, WASSERMAN \_\_\_\_\_

2. CHEST X-RAY: \_\_\_\_\_

IS THIS INDIVIDUAL PHYSICALLY CAPABLE OF PERFORMING THE DUTIES OF A TAXI/LIMOSINE DRIVER ? YES  
\_\_\_\_\_ NO \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PHYSICIAN) MD

\_\_\_\_\_  
(ADDRESS OF PHYSICIAN)

**\*\*\*\*\*Turn Over\*\*\*\*\***

**MEDICAL FORM**  
**ALL EXPIRED FACECARD MUST BE TURNED IN FOR RENEWAL**

**FOR CAB COMPANY ONLY**

Cab Company Signature (owner) \_\_\_\_\_

Cab Company Name \_\_\_\_\_

Date Signed \_\_\_\_\_

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**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

APPLICATION APPROVED \_\_\_\_\_

APPLICATION DENIED \_\_\_\_\_

REASON FOR DENIAL

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SIGNATURE OF CHIEF

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William Scott Biddle, Chief of Police