

CITY OF GREENSBORO

APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY

(Please Print)

Date _____

Name _____ Nickname _____

Present Address _____

Telephone _____ How Long at Present Address _____

LIST PREVIOUS ADDRESSES:

<u>Street/Number</u>	<u>City/State</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Birth _____ Place of Birth _____

License Number _____ Social Security Number _____

HAVE YOU EVER HAD:

Heart Attack Yes _____ No _____ Physician _____

Epilepsy Yes _____ No _____ Physician _____

Mental Disorder Yes _____ No _____ Physician _____

Diabetes Yes _____ No _____ Physician _____

Do you use drugs regularly: Yes _____ No _____ Are the drugs prescribed: Yes _____ No _____

Do you drink intoxicating liquors regularly: Yes _____ No _____

LIST ANY CRIMINAL OR TRAFFIC CONVICTIONS DURING THE LAST FIVE (5) YEARS:

<u>Date</u>	<u>Charge</u>	<u>City/State</u>	<u>Judgment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST EMPLOYERS DURING THE PAST FIVE (5) YEARS:

<i>Employer</i>	<i>City/State</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use the other side for any additional information which may be helpful in determining applicant's ability to provide efficient taxi service:

The titles and amounts of all unpaid or unbounded judgments or records against applicant:

Applicant's years experience in the taxi industry: _____

Number of taxis presently owned: _____

Number of taxis in actual operation: _____

Description of all taxis presently owned and vehicle applying for:

<u>Year</u>	<u>Make</u>	<u>Capacity</u>	<u>Certificate Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Liens, mortgages or estimate liens or mortgages against vehicle listed above:

Give accurate descriptions below of the proposed or actual taxi operation:

Office: _____

Communication: _____

Vehicle Maintenance: _____

Employees: _____

I hereby declare that all information given on this application is true to the best of my knowledge.

Signature _____

Sworn before me this _____ day of _____, 20 _____

Notary _____ Commission Expires _____

Content Investigated by:

Commanding Officer Traffic Division Date

Chief of Police Date

City Manager Date

I, _____, City Clerk of the City of Greensboro, do hereby certify that Certificate Number _____ was awarded to this applicant by the City Council on the _____ day of _____, 20_____.

Witness my hand and corporate seal of the City of Greensboro.

City Clerk Date