

Permit # _____
Expiration Date: _____
New Applicant: _____
Renewal: _____



**City of Rocky Mount Police Department
APPLICATION FOR TAXI DRIVER'S PERMIT
(Must be typed)**

TO: Chief of Police
Rocky Mount Police Department
P.O. Box 1180
Rocky Mount, NC 27802-1180

Application is hereby made by the below described person to be considered for a permit to drive a taxi cab in the City of Rocky Mount, subject to the supervision of the Chief Of Police and the regulations set forth in the City Code of the City of Rocky Mount, NC

Full Name: _____ Age: _____

Home Address: _____ Phone No: _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

Operator's License No: _____ Expiration Date: _____

Date of Birth: _____ Place of Birth: _____

Name of employer for the past year: _____

Address of Employer for the past year: _____

Have you had a prior experience in operating a taxi cab? _____ Where? _____

Have you ever been convicted of a crime or motor vehicle violation? _____

If answer is yes, explain when, where, and what for: _____

Will you be driving full-time? ____ or part-time? ____

Revised 07/2020

Support Services Division 330 S. Church Street, Rocky Mount NC 27802 (252) 972-1677



EMPLOYER STATEMENT

It is the responsibility of the employer to review this application with the employee and to ensure that all laws, regulations, and City ordinances are understood by the employee and will be complied with. By signature, employer states that he does not know any reason why this applicant may not be licensed to operate a taxicab.

Employer's Signature: _____

Name of Business: _____

Declaration of Applicant:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentations, omissions or falsification, my application may be disapproved, or if already approved, my permit may be recalled.

I understand that this permit will expire on December 31 of each year.

Applicant's Signature

Date

Chief of Police or Authorized Agent

Date

Revised 07/2020

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