

Town Of Waynesville

Taxi Driver Permit Application

Please print all information. Date: _____

Name: _____ D.O.B. _____

Physical residence address: _____

City _____ Zip code _____ Phone _____

Drivers License # _____ (photocopy required)

Fingerprint Check ID # _____

In the past three years what traffic violations have you been convicted

of? _____

Have your drivers license ever been revoked or suspended? Yes / No if yes list why.

Have you been convicted of a DWI in the past 5 years? Yes / No

Have you been convicted of a violation of any federal or state law relating to possession for sale or sale of any intoxicating alcoholic beverage or controlled substance. Yes / No

Have you been in violation of any federal law relating to prostitution? Yes / No

Are you a convicted felon? Yes / No

SIGNED: _____

