



**APPLICATION**  
**TAXI CAB DRIVER**  
**PERMIT**

RETURN TO  
COVINGTON POLICE  
DEPARTMENT

NAME: \_\_\_\_\_

ALIAS (NICKNAME): \_\_\_\_\_

SOCIAL SECURITY NO:  
(OR ALIEN IDENTIFICATION NUMBER) \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

BUSINESS YOU WILL DRIVE FOR: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

<p><b><u>EMPLOYMENT HISTORY</u></b></p> <p>List all business where you were an employee for the past two (2) years, proceeding the date of this application.</p> <p>DATE: _____ to _____</p> <p>BUSINESS NAME: _____</p>
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**EMPLOYMENT HISTORY (continued)**

DATE: \_\_\_\_\_ to \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ to \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ to \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ to \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**ARREST HISTORY AND CITATION HISTORY**

List every incident where you have been arrested in the United States of America. Also, list every incident where a citation was issued to you in the United States of America.

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WERE YOU ARRESTED FOR THIS CHARGE: \_\_\_\_\_

DISPOSTION OF THE CASE: \_\_\_\_\_

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WERE YOU ARRESTED FOR THIS CHARGE: \_\_\_\_\_

DISPOSTION OF THE CASE: \_\_\_\_\_

**ARREST HISTORY AND CITATION HISTORY (CONTINUED)**

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WERE YOU ARRESTED FOR THIS CHARGE:

\_\_\_\_\_

DISPOSTION OF THE CASE:

\_\_\_\_\_

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WERE YOU ARRESTED FOR THIS CHARGE:

\_\_\_\_\_

DISPOSTION OF THE CASE:

\_\_\_\_\_

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WERE YOU ARRESTED FOR THIS CHARGE:

\_\_\_\_\_

DISPOSTION OF THE CASE:

\_\_\_\_\_

I give the City of Covington Police Department, the authority, to conduct a Criminal History Check.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Note:**

A legible copy of the applicant's driver's license should be attached to this application and returned to the Covington Police Department with a \$75.00 application fee.

***Affidavit Verifying Status for City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Covington Taxi Cab Permit for \_\_\_\_\_.

*[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]*

1) \_\_\_\_\_ I am a United States citizen.

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. \*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of applicant

Date

\_\_\_\_\_

\_\_\_\_\_

Printed name

\_\_\_\_\_

\* \_\_\_\_\_

Alien registration number for non-citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_

Upon approval of this application and issuance of a permit, it is understood that the permit must be in the possession of the holder or immediate access when on duty and the same must be exhibited to any duly authorized law enforcement officer or citizen upon request, and that said permit is good for one year from date of application.

Note: I understand that furnishing false or incomplete information will be grounds for denial of this permit. **There is no refund** of the fee that accompanies this application if, for any reason, it is denied. I further understand that if I change cab companies within six months of this application approval date, I will be required to pay a \$15.00 fee for a new ID card. If the change of cab companies occurs after six months of the application approval date, I understand I will be required to pay a full \$75.00 fee for a new application. If I change cab company, it is my responsibility to notify the police department of the change,

State of Georgia, Newton County.

I, \_\_\_\_\_, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing question in this application for a City of Covington Taxi Cab Permit are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license. Furthermore, I do solemnly swear that I have not been convicted of any felony or violation of the laws of any jurisdiction relating to the manufacture, sale or use of alcoholic beverages or controlled substances or any sex crimes or crime against children within five years of the sentence for which, including probation or parole, has not been completed at the time of application for the permit. I am giving the City of Covington Police Department the authority to conduct a criminal history background check on the person listed on this application.

\_\_\_\_\_  
Applicant's signature (Full Name)

I, hereby certify that \_\_\_\_\_, applicant, is personally known to me, that he signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers are true.

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

City of Covington Police Department-1143 Oak Street SE-Covington, GA 30014  
Phone: (770)786-7605 Fax: (770)385-2160  
www.covingtonpolice.com