



509 North McDonough Street
P.O. Box 220
Decatur, Georgia 30031
404-370-4100 ▪ Fax 404-378-2678
info@decaturga.com ▪ www.decaturga.com

Taxi Permit Application

Business Name: [Click here to enter text.](#)

Business Address: [Click here to enter text.](#)

Name: [Click here to enter text.](#) **Date of Birth:** [Click here to enter text.](#) **Age:** [Click here to enter text.](#)

Address: [Click here to enter text.](#) **Phone Number:** [Click here to enter text.](#)

Previous Addresses (Last Two Years): [Click here to enter text.](#)

[Click here to enter text.](#)

Race: [Click here to enter text.](#) **Sex:** [Click here to enter text.](#) **Eye Color:** [Click here to enter text.](#)

Hair Color: [Click here to enter text.](#) **Height:** [Click here to enter text.](#) **Weight:** [Click here to enter text.](#)

Social Security Number: [Click here to enter text.](#) **Driver's License Number:** [Click here to enter text.](#)

Birth Place: [Click here to enter text.](#) **U.S. Citizen:** Yes No **If Not, Attach Immigration Papers**

List All Previous Names Used: [Click here to enter text.](#)

Last Two Employers/Addresses: [Click here to enter text.](#)

[Click here to enter text.](#)

Have You Ever Been Arrested? Yes No **If Yes, List All Arrests Below:**

Charge	Date	Location	Disposition
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[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

I, [Click here to enter text.](#), DO HEARBY SWEAR OR AFFIRM THAT THE ANSWERS GIVEN THEREIN ARE TRUE AND CORRECT. GEORGIA CODE 16-10-71 PROVIDES THAT A PERSON TO WHOM A LAWFUL OATH OR AFFIRMATION HAS BEEN ADMINISTERED OR WHO EXECUTES A DOCUMENT KNOWING THAT IT PURPORTS TO BE AN ACKNOWLEDGEMENT OF A LAWFUL OATH OR AFFIRMATION COMMITS THE OFFENSE OF FALSE SWEARING WHEN, IN ANY MATTER OR THING OTHER THAN A JUDICIAL PROCEEDING, HE/SHE KNOWINGLY AND WILLFULLY MAKES A FALSE STATEMENT. I FURTHER UNDERSTAND THAT IF I HAVE MADE OMISSIONS OR MISREPRESENTATION THAT MY PERMIT WILL BE REVOKED AND OR A CITATION ISSUED UNDER THE APPLICABLE CITY ORDINANCE.

Signature: _____ **Date:** _____



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NAME OF APPLICANT: Click here to enter text.

I understand that the City of Decatur will conduct a detailed investigation of my personal history; in connection with the application for a taxi permit of which this personal history statement is a part. I hereby authorize the giving of the written and oral information and documents set out thereafter to any agent or employee of the City of Decatur’s Police Department or City Manager’s Office who is properly authorized by the Chief of Police or the City Manager to conduct such an investigation.

1. All persons, firms, government entities or corporations who have at any time employed me shall give any and all information relative to my record of employment, including my compensation and reason for termination of employment.
2. All druggists, drug stores, pharmacies and other stores who have furnished any medicine or other goods of any nature to or for my use shall give any and all information relative to my medical or other purchases.
3. All doctors and nurses who at any time treated me and all hospitals in which I have been a patient shall give all information, written and oral, relative to my physical and mental condition at any time.
4. The Internal Revenue Service and the State of Georgia Department of Revenue, as well as any other taxing authorities with which I have or should have filed a tax return, shall give any and all information relative to tax returns which I have or have not filed with that respective taxing authority.
5. All persons, corporations or other entities, including all federal, state or local law enforcement and police agencies, which have any knowledge, data or information concerning any and all aspects of my life shall give any and all such information.

I hereby fully and finally release and discharge the City of Decatur and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization. I similarly release all persons, corporations and other entities that release any information or documents pursuant to this authorization.

OATH

I do solemnly swear (or affirm) that I have carefully read the above authorization and release and that I execute in voluntarily as my own free act and deed; and, that I have carefully reviewed all of the statements made by me in this personal history statement, and all of the attachments hereto and believe that they are true and correct.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20__

Signature of Applicant: _____

Date: _____

NOTARY PUBLIC
MY COMMISSION EXPIRES:



City Manager's Office
509 North McDonough Street
P.O. Box 220
Decatur, Georgia 30031
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January 1, 2010

Dear Applicant:

Georgia law now requires applicants for public benefits in Georgia's cities and counties to verify their legal status. Specifically, the City of Decatur must, "require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States" (O.C.G.A. 50-36-1(e)).

The State of Georgia has defined "public benefits" to include business licenses, alcoholic beverage licenses and other certain government services. In order to receive your license you must complete the affidavit included in this application packet and return it to the City of Decatur. Again, this is required by the State of Georgia. The City of Decatur cannot issue a waiver and has no discretion in making you complete the affidavit.

Your eligibility will be verified through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security before the license is issued.

Thank you for your cooperation,

Sincerely,

A handwritten signature in black ink that reads "Peggy Merriss". The signature is written in a cursive, flowing style.

Peggy Merriss

City Manager



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Affidavit Verifying Applicant Status for City of Decatur Public Benefit

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A Section 50-36-1, I am stating the following with respect to my City of Decatur, Georgia, application for: (check all that apply)

- Business License or Occupation Tax Certificate
- Alcohol License
- Other Public Benefit Specify: [Click here to enter text.](#)
- Taxi Permit
- Contract with City Of Decatur

If applying on behalf of a business, specify the name and address of the business:

[Click here to enter text.](#)

I am a United States Citizen

OR

I am a legal permanent resident 18 years of age or older or I am otherwise a 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.*

If you are not a United States Citizen, a copy of one of the following documents must be attached to the affidavit:

- | | |
|---|---|
| 1. Unexpired Foreign Passport | 9. Temporary I-551 Stamp
(On Passport of I94) |
| 2. Employment Authorization Card (I-776) | 10. WT/WB Admission Stamp in
Unexpired Foreign Passport |
| 3. Refugee Travel Document (I-571) | 11. Certificate of Eligibility for
Nonimmigrant (F-1) Student
Status (I-20) |
| 4. Permanent Resident Card (I-551) | 12. Certificate of Eligibility for
Exchange Visitor (J-1) Status (DS2019) |
| 5. Reentry Permit (I-327) | |
| 6. Certificate of Citizenship | |
| 7. Naturalization Certificate | |
| 8. Machine Readable Immigrant Visa
(With Temporary I-551 Language) | |

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.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

Notary Public
My Commission Expires:

Signature of Applicant: _____

Date: _____

Printed Name: _____

Alien Registration Number: [Click here to enter text.](#)

*Note: O.C.G.A. 5-36-1(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:

[Click here to enter text.](#)