

CITY OF HELEN
HORSE DRAWN CARRIAGE DRIVER'S PERMIT APPLICATION

NON-REFUNDABLE FEE
ALL BLANKS MUST BE FILLED IN COMPLETELY

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND HEREBY GRANT THE CITY OF HELEN POLICE DEPARTMENT PERMISSION TO VERIFY SUCH INFORMATION AND ANSWERS.

PLEASE PRINT:

NAME: _____
 First Middle Last

ALIAS: (Include Maiden Name)

 First Middle Last

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

Upon issuance of Driver's Permit, do you prefer to pick up the Permit at City Hall during normal business Hours? YES_____ NO_____ or do you prefer that the permit be mailed to your address?
YES_____ NO_____

DATE OF BIRTH: _____ SS#: _____

TATOOS: _____ EYE COLOR: _____

HAIR COLOR: _____ AGE: _____ RACE: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

HOME TELEPHONE NUMBER _____

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EMPLOYING CARRIAGE COMPANY NAME AND LICENSE NUMBER _____

TELEPHONE NUMBER OF CARRIAGE COMPANY: _____

Applicant Signature

Date

Sworn to before me this _____ day
of _____, 20_____

Notary

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- NOTE:**
- (1) **A THIRTY FIVE (\$35.00) NON-REFUNDABLE FEE MUST BE PAID BY THE APPLICANT.**
 - (2) **COPY OF VALID DRIVERS LICENSE IS REQUIRED.**
 - (3) **ANY CHANGES OF INFORMATION REQUESTED MUST BE REPORTED WITHIN TEN (10) DAYS OR PERMIT IS SUBJECT TO REVOCATION.**