

APPLICATION FOR A FRANCHISE
TO OPERATE AMBULANCES IN EDGECOMBE COUNTY

To: Edgecombe County Board of Commissioners

From:

The undersigned hereby applies to the Edgecombe County Board of Commissioners for a franchise to operate ambulances in Edgecombe County and pursuant to Section 2 and 3, of the Edgecombe County Ambulance Ordinance submits the following in duplicate:

- A. The name, agency number, and address of the applicant is:

- B. The number of vehicles to be operated by the applicant is:

- C. Estimate net worth of applicant is:

- D. There (are) (are not) unsatisfied judgments of record against the applicant. (If there are such unsatisfied judgments list them here.)

- E. The make, type, year of manufacture, serial number and equipment therein of each ambulance proposed to be operated by applicant is as follows:
- F. The court record, if any, of applicant is: (If applicant is corporation, partnership, or association, list officers and manager of director and court record, if any, of these individuals.)
- G. Are there any liens or other encumbrances on any ambulances proposed to be operated? _____ If so, list the amount and character thereof.
- H. The geographical area of Edgecombe County proposed to be covered by applicant is.

This _____ day of _____, 20 .

Note: If additional space is needed, attach answers showing applicable paragraph.

(Signed)