

RALEIGH POLICE DEPARTMENT -- SPECIAL OPERATIONS -- 601-105 Hutton ST -- RALEIGH, NC 27606

INSTRUCTIONS FOR TAXICAB PERMITS

Enclosed you will find a Taxicab Owners' Application Packet. Please affirm proper application by placing an "X" in the appropriate checkbox below.

OWNER'S PERMIT

NEW RENEWAL UPDATE

You must bring all *pertinent documentation with you to your appointment*. Taxicab Application must be *completed* and *notarized* by a Notary. Incomplete information will <u>not</u> be accepted.

- On page three (2) is a *Letter of Introduction* which needs to be signed by the designated person authorized by the Taxicab Company in which you have chosen to work.
- The checklist of items needed is on page two (3) of this packet. This checklist must be completed in its entirety.
- The last two pages of the taxicab application are reference sheets. Please have two (2) people that know you write statements concerning your *character and conduct*.

Compliance to these instructions will be strictly enforced. If you have further questions, please contact your assigned Taxicab Inspector. Thank you for your cooperation.

Taxicab Inspectors: Phone #: (919) 996-1461

RENEWALS SHALL BE FILLED BY OCTOBER 1st. EXPIRED PERMITS AFTER DECEMBER 31st WILL NOT BE RENEWED. A NEW APPLICATION WILL NEED TO BE SUBMITTED

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TAXICAB OWNER'S PERMIT INTRODUCTORY LETTER

TO: CITY M	IANAGER, CIT	ΓY OF RALEIG	SH via TAXICAB INSPECTOR
FROM:			DATE:
	(Name of Taxicab	Company)	
SUBJECT: TAX	ICAB OWNER'	'S PERMIT(S)	
MESSAGE:			
THIS IS TO CERTII	FY THAT		
(NCDL#:		_) HAS BEEN A	APPROVED TO OWN A TAXICAB
WITH THE DESGIN	NATED TAXICA	AB COMPANY	•
(Signature of	Owner or Appointee)		



RALEIGH POLICE DEPARTMENT -- SPECIAL OPERATIONS -- 1221 FRONT STREET -- RALEIGH, NC 27609 TAXICAB INSPECTORS: (919) 996-1461

APPLICATION CHECKLIST FOR TAXICAB OWNER'S PERMIT

Please affirm proper application by placing an "X" in the appropriate check box below.

 NEW
 RENEWAL
 UPDATE

 Fee: \$150.00
 Fee: \$150.00

Submit the following information as required by *The Taxicab Control Ordinance of the City of Raleigh regarding Application for Owner's Permit: (Section 12-2052). Names must be the same on all legal documents.*

	DOCUMENTATION NEEDED FOR NEW, RENEWAL, OR UPDATED TAXICAB OWNER'S PERMIT
(Completed Application for Taxicab Owner's Permit with Notary Seal
I	NC Driver's License
(Complete Certified Copy of NC Driving History
	Social Security Card
	Current INS Alien Registration (non- US Citizen), or US Passport & US Certificate of Naturalization. (Optional)
,	ARTICLES OF INCORPORATION
]	Fingerprints as conducted by CCBI; Wake County Public Safety Center; 2 nd Floor; Room C-295; 330 S. Salisbury St.; Raleigh, NC. (NEW & RENEWAL REQUIRED)
-	Authorization Letter (New Applicant or Transfer)

The Taxicab Control Ordinance of the City of Raleigh Section 12-2055 regarding Expiration requires that Taxicab Owner's Permit shall remain in force and effect midnight on December 31 following the date of issue. Application for renewal of Taxicab Owner's Permit shall be filed with the Taxicab Inspector on or before Oct. 1 next following the date of issuance of the permit and annually thereafter ON or BEFORE October 1.



RALEIGH POLICE DEPARTMENT -- SPECIAL OPERATIONS -- 1221 FRONT STREET -- RALEIGH, NC 27609

APPLICATION FOR THE TAXICAB OWNER'S PERMIT:

(Year)

DATE OF APPLICATION:	

ALL QUESTIONS MUST BE ANSWERED FULLY BEFORE AN OWNER'S PERMIT WILL BE APPROVED. RENEWALS SHALL BE FILLED BY OCTOBER 1st. EXPIRED PERMITS AFTER DECEMBER 31st WILL NOT BE RENEWED. A NEW APPLICATION WILL NEED TO BE SUBMITTED

Pursuant to the provisions of The Taxicab Control Ordinance of the City of Raleigh regarding Application: Section 12-2052) relating to "Vehicles for Hire", application is hereby made by the undersigned for an owner's permit to operate a taxicab business in the City of Raleigh, as required by the ordinance, the following is given regarding this company.

(PLEASE PRINT OR TYPE)

NAME OF TAXI BUSIN	ESS:			
Street Address of Business:				
Business Telephone Number:copy of the business agreement m	_ (If business is sh	ared by anot	her business, a	
(The following information pertains to th				
	(Last)	(First)	(Midd	lle)
Date of Birth: So	cial Security Number:			
N.C. Driver's License #:	Issue Date:	Exp	piration Date	:
Address:				
(Street)	(City)		(State)	(zip)
Telephone Numbers: (H)	(W)		©	



The following information is requested, if the applicant is part of a corporation or partnership:

Names, dates of birth, social security number, North Carolina driver's license number, addresses and telephone numbers of all current general and limited partners or officers, supervising employees, general manager and directors of the corporation or partnership:		
State the number of vehicle(s) proposed to be operated:		
State the number of vehicle(s) actually owned and operated at application date:		
Name of Insurance Company:		
Insurance Agent: Policy Number:		
Business Address:		
Insurance Company's Phone #:; Insurance Agent's Phone:		
The net worth of owner, over and above all debts , judgements, claims and demands whatsoever is \$		
Was there any lapse of liability insurance coverage on your taxicab(s) during the preceding year? If yes, , when?		
Are there any unpaid or unbonded judgements of records outstanding? Yes or No		
If yes, the title of all actions and the amount of all judgements unpaid or unbonded, and reference to the judgement, docket and page where the judgement is recorded.		



Are there any liens, mortgages, or character thereof:	other encumbrances on such taxicabs?	' If so, document the amount a
Number of years experienced in tra	ansportation of passengers for hire:	
	(This includes any traffic citation	
Have you ever been convicted	of a FELONY? YES or	NO
If YES, WHEN?:	WHERE?	
	(Start with the Most Recent Date.)	
DATE OF ARREST(S)	NATURE OF ARREST(S)	DISPOSITION



List the Names of All Drivers of	Taxicab Company	
(full and part time).		
RINT OR TYPE IN ALPHABETICAL ORDER:		Permit
Name(s)	Address(es)	Number(s)
-		 -
OTE: The above list will be used to update takes of all drivers now working with your conat is not listed will be considered a new application.	mpany(full and part time). Any j	person requesting a renev
	Applicant's Signature	



DESCRIPTION OF TAXICAB(S)

(N	AME OF INI	DEPENDENT	TAXICAB OWNER)	_	(DATE)
CAB #:	YEAR:	MAKE:	NC STATE LICENSE PLATE #:	VEHICLE IDENTIFICATION #:	LIEN OR MORTGAGI COMPANY:



I, the undersigned, have read and am thoroughly familiar with *The Taxicab Control Ordinance of the City of Raleigh* pertaining to the *Licensing and Regulating of Taxicabs (Reference: Raleigh City Codes: Chapter 2; Article B)*. I agree to abide by these and all other Ordinances of the City of Raleigh and Laws of the State of North Carolina. I hereby *authorize the Taxicab Inspector* or authorized representatives to conduct an investigation to determine the validity of the contents of this application. I further *authorize the Taxicab Inspector* or authorized representative to conduct a criminal/civil investigation and for these purposes hereby waive any claim under the Federal Privacy Act of 1974.

	(Applicant's Signature)		
	(Print Full Name)		
Sworn and subscribed before me this	day of	, 2	0
	(Signature of Notary Public)		
My Commission Expire	es ,	20	



REFERENCE LETTER

DATE:	
	is in the process of filing an application to
obtain a TAXICAB OWNER'S PERMIT. In the and conduct. Please indicate the length of time preceding the dates of this application.	he space provided below, describe the applicant's character that you have, personally, observed this applicant
NAME:	
ADDRESS:	
	TELEPHONE NUMBER:



REFERENCE LETTER

DATE:			
is in the process of filing an application to obtain a TAXICAB OWNER'S PERMIT. In the space provided below, describe the applicant's charact and conduct. Please indicate the length of time that you have, personally, observed this applicant preceding the dates of this application.			
NAME:			
ADDRESS:			
	TELEPHONE NUMBER:		