



*City Of Raleigh*  
NORTH CAROLINA

**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 *not* 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**



*City Of Raleigh*  
NORTH CAROLINA

**TAXICAB OWNER'S PERMIT INTRODUCTORY LETTER**

**TO: CITY MANAGER, CITY OF RALEIGH via TAXICAB INSPECTOR**

**FROM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Name of Taxicab Company)*

**SUBJECT: TAXICAB OWNER'S PERMIT(S)**

**MESSAGE:**

**THIS IS TO CERTIFY THAT** \_\_\_\_\_  
**(NCDL#: \_\_\_\_\_) HAS BEEN APPROVED TO OWN A TAXICAB**  
**WITH THE DESIGNATED TAXICAB COMPANY.**

\_\_\_\_\_  
*(Signature of Owner or Appointee)*



*City Of Raleigh*  
NORTH CAROLINA

RALEIGH POLICE DEPARTMENT -- SPECIAL OPERATIONS -- 1221 FRONT STREET -- RALEIGH, NC 27609  
TAXICAB INSPECTORS: (919) 996-1460 & (919) 996-1461

**APPLICATION CHECKLIST FOR TAXICAB OWNER'S PERMIT**

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

<i><b>NEW</b></i>	<i><b>RENEWAL</b></i>	<i><b>UPDATE</b></i>
<i><b>Fee: \$150.00</b></i>	<i><b>Fee: \$150.00</b></i>	

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.

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

*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.*



City Of Raleigh  
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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 BUSINESS: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

Business Telephone Number : \_\_\_\_\_ (If business is shared by another business, a copy of the business agreement must be attached).

*(The following information pertains to the applicant)*

NAME OF APPLICANT: \_\_\_\_\_

(Last)

(First)

(Middle)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

N.C. Driver's License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(County)

(State)

(zip)

Telephone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ © \_\_\_\_\_



*City Of Raleigh*  
NORTH CAROLINA

**APPLICATION FOR THE TAXICAB MEMORANDUM OWNER'S PERMIT CONTINUED ...**

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:

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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.

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*City Of Raleigh*  
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**APPLICATION FOR THE TAXICAB MEMORANDUM OWNER'S PERMIT CONTINUED ...**

**Are there any liens, mortgages, or other encumbrances on such taxicabs? If so, document the amount and character thereof:**

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**Number of years experienced in transportation of passengers for hire:** \_\_\_\_\_

**Have you ever been arrested? (This includes any traffic citations received).**

**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**

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*(If additional space is needed, use the reverse of this page.)*



City Of Raleigh  
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**APPLICATION FOR THE TAXICAB MEMORANDUM OWNER’S PERMIT CONTINUED ...**

List the Names of All Drivers of \_\_\_\_\_ Taxicab Company  
(full and part time).

**PRINT OR TYPE IN ALPHABETICAL ORDER:**

Name(s)	Address(es)	Permit Number(s)

**NOTE:** The above list will be used to update the Taxicab Inspector’s files, therefore, be sure to list the names of all drivers now working with your company(*full and part time*). Any person requesting a renewal that is not listed will be considered a new applicant and will be required to re-do the initial paperwork.

\_\_\_\_\_  
Applicant’s Signature



*City Of Raleigh*  
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**APPLICATION FOR THE TAXICAB MEMORANDUM OWNER'S PERMIT CONTINUED ...**

**DESCRIPTION OF TAXICAB(S)**

**NAME OF TAXICAB COMPANY:** \_\_\_\_\_

**(NAME OF INDEPENDENT TAXICAB OWNER)**

**(DATE)**

<b>CAB #:</b>	<b>Y YEAR:</b>	<b>MAKE:</b>	<b>NC STATE LICENSE PLATE #:</b>	<b>VVEHICLE IDENTIFICATION #:</b>	<b>LIEN OR MORTGAGE COMPANY :</b>





*City Of Raleigh*  
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**APPLICATION FOR THE TAXICAB MEMORANDUM OWNER'S PERMIT CONTINUED ...**

**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 \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_\_



*City Of Raleigh*  
NORTH CAROLINA

**APPLICATION FOR THE TAXICAB MEMORANDUM OWNER'S PERMIT CONTINUED ...**

**REFERENCE LETTER**

**DATE:** \_\_\_\_\_

\_\_\_\_\_ is in the process of filing an application to obtain a **TAXICAB MEMORANDUM OWNER'S PERMIT**. In the space provided below, describe the applicant's character and conduct. Please indicate the length of time that you have, personally, observed this applicant preceding the dates of this application.

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

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_



*City Of Raleigh*  
NORTH CAROLINA

**APPLICATION FOR THE TAXICAB MEMORANDUM OWNER'S PERMIT CONTINUED ...**

**REFERENCE LETTER**

**DATE:** \_\_\_\_\_

\_\_\_\_\_ is in the process of filing an application to obtain a **TAXICAB MEMORANDUM OWNER'S PERMIT**. In the space provided below, describe the applicant's character and conduct. Please indicate the length of time that you have, personally, observed this applicant preceding the dates of this application.

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

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_