



Application for Taxi Franchise Permit and Taxi Driver Permit

Town of Chapel Hill
Police Department
828 Martin Luther King, Jr. Blvd.
Chapel Hill, NC 27514
Phone: 919-968-2760
Fax: 919-968-2846
www.townofchapelhill.org

Application Directions:

- For this application, Taxi refers to Taxicab, Limousine, Shuttle, and other Transportation businesses.
- Only completed applications with all supporting documentation, and notarization, will be accepted. Processing applications will take between 5-7 business days.
- You can have fingerprints done here at the Chapel Hill Police Department, by appointment only. Call 919-968-2760.
- Taxi Permits are good for two (2) years. When renewing your permit, you must fill out the application again. No fingerprints will be required for renewals.
- Once the permit is issued, it must be on display in the taxi.
- If your application is denied, we will send you a certified letter explain the reason(s) for the denial.
- By signing this document below you give consent for review of your records by the Chapel Hill Police Department.

If applying for a Taxi Franchise, the following is required:

- Certificate of insurance.
- Three (3) fingerprint cards (fee is \$15).

If applying for a Taxi Permit, the following is required:

- Medical Evaluation portion completed and signed by a doctor.
- A current, negative controlled substance examination.
- Three (3) fingerprint cards (fee is \$15).

Fees:

- Taxi Franchise Application is \$10 per franchise
- Taxi Franchise Renewal is \$5 per franchise
- Taxi Driver Application is \$10 per driver
- Taxi Driver Permit is \$10, per driver
- Taxi Inspection Fee is \$10 per vehicle

TAXI FRANCHISE APPLICATION

Date: _____

Type of Application: New Franchise _____ Renewal _____ Amendment _____

Name of Taxi Business: _____

Address of offices, dispatching stations, or garages: _____

Name of Applicant (Either Individual or Corporation): _____

Address of Applicant: _____

Phone: _____ Email: _____

Do you have prior experience operating a taxi business? If yes, please explain: _____

If applying as a corporation, please list all individuals who hold more than five percent (5%) interest either beneficially or legally, in the corporation:

Name/Address/Interest %: _____

Name/Address/Interest % _____

VEHICLE INFORMATION: All vehicles must be owned by the applicant(s)

Number of Vehicles Owned as of this Date: _____ Number of Vehicles to be Operated: _____

Describe each vehicle to be operated under the franchise (attach additional list if necessary):

<u>MAKE</u>	<u>TYPE</u>	<u>YEAR</u>	<u>CAPACITY</u>	<u>VEHICLE ID# (VIN)</u>
-------------	-------------	-------------	-----------------	--------------------------

Describe color scheme of vehicles to be operated. If approved, you may need to provide pictures of the vehicles:

TAXI PERMIT APPLICATION

NC Driver's License: Number: _____

Name of Taxi Company: _____

Address of Taxi Company: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Height _____ Weight _____ Complexion _____

Eye Color _____ Hair Color _____ Body/Facial Marks if any _____

List all criminal and traffic citations, arrests, and convictions: _____

List all driver's licenses numbers and dates that have been issued to you for both North Carolina and other states within the last five (5) years: _____

Do you currently have any criminal or traffic cases outstanding or pending in any court? Yes _____ No _____

If yes, please explain _____

Have you been convicted of any violations of motor vehicle laws in any state or county other than North Carolina in the past 10 years? Yes _____ No _____ If yes, please explain _____

Medical Examination Report for Taxi Permit Application

This section must be completed and signed by a licensed physician after a physical examination.

Date: _____ Applicant Name: _____

After examination, does the applicant have any medical condition, including visual or hearing, which could impair their ability to provide safe taxicab or for-hire vehicles services? Yes _____ No _____ If yes, please explain: _____

Do you have any reservations about this applicant's ability to physically perform as a driver of a taxicab or for-hire vehicle services in safe manner? Yes _____ No _____ If yes, please explain: _____

I have this day examined the applicant named above and provided the above statements with regards to the applicant's ability to provide taxicab or for-hire vehicles in a safe manner.

Signature of Physician: _____ Date: _____

Print Name of Physician: _____

Phone Number: _____ Email: _____

Address: _____

I hereby solemnly swear (affirm) that the above information is complete and accurate in all respects and that I have read and will comply with all provisions of the Town of Chapel Hill Taxi/Limo Ordinance.

Individual Applicant:

Signature: _____ Date: _____

North Carolina, _____ County

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the _____ day of _____ 20____.

Notary Public: _____

My commission expires _____, 20_____

Corporation Applicant:

Title: _____

Attest: _____ Date _____

North Carolina, _____ County

I, _____, a Notary Public for said County and State, do hereby certify that
him/her is _____, a North Carolina
Corporation, and that by authority duly given as the act of corporation, the foregoing application was executed in
its name by _____, sealed with its corporate seal and
attested by _____, Witness my hand and official seal,
this the _____ day of _____ 20_____.

Notary Public:

My commission expires _____, 20_____