An Internationally Accredited Law Enforcement Agency

### TAXICAB FRANCHISE APPLICATION CHECKLIST

The following are required in order to process your application:

- 1. Completed Taxi Cab Franchise Application Part A.
- 2. Completed Taxi Cab Franchise Application Part B.
- 3. A Notarized Authorization to Release Information Affidavit.

  \*\*\*Allow fourteen days for your application to be processed\*\*\*

#### **NOTICE:**

FAILURE TO SUBMIT THE REQUIRED ITEMS LISTED ABOVE WILL DISQUALIFY YOUR FRANCHISE APPLICATION FROM FURTHER CONSIDERATION.

FAILURE TO PROVIDE ACCURATE INFORMATION DURING THE PROCESS WILL RESULT IN THE DENIAL OF YOUR CERTIFICATE BEING ISSUED.



## SALISBURY POLICE DEPARTMENT

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### **Application for Taxi Cab Franchise**

# (Please print) Full Name: Home Address: City/Town / State/ Postal Code:\_\_\_\_\_ Date of Birth: Social Security Number: Race: \_\_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_Eye Color: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_State: \_\_\_\_\_ Home Phone: Cell Number: Taxi Franchise Name: Taxi Company you will drive for: Automobile Insurance Company Name:\_\_\_\_\_ Policy Number: Agent Name and Phone Number:\_\_\_\_\_ If substituting as a Driver which Taxi Owner/Operator will you be driving for:



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# (IMPORTANT NOTICE: FAILURE to provide complete and accurate information will result in your Taxi Operators PERMIT application being denied)

CRIMINAL and	Traffic violations and convic	tions:			
Date:	County Court was he	ld in: Ch	arge:	Disposition:	
(If more space	is needed add pages to the	application with info	rmation formatte	d as it is above.)	
AFFIDAVIT OF	(Full name printed)				
SIGNATURE in	FULL)				
Sworn and subsc	ribed before me this:	day of	,201		
SIGNATURE OF	F NOTARY:				
My commission	expires				
on:					



## SALISBURY POLICE DEPARTMENT

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#### APPLICATION FOR A TAXICAB FRANCHISE

To: The Mayor and City Council Members City of Salisbury Salisbury, N.C.

The undersigned hereby makes application for a taxicab franchise under the provisions of the General Statutes of North Carolina, Section 160A-304, and presents to the City Council the following information:

1.	That the Applicant is familiar with the ordinances of the City Of Salisbury					
	relating to liability insurance, driver regulations, and other matters pertaining					
	to the operation of taxicabs.					
2.	That the Individual, Corporate or Trade name and business address of the					
	applicant is					
3.	That the applicant is:					
	(A) An individual and sole owner of the taxicab business to be operated under					
	above name.					
	(B) A Corporation chartered under the laws of North Carolina in the Year					
	and Officers of the Corporation are (Give names and					
	addresses)					
	* 1					
	(C) A partnership (attach a copy of the agreement of partnership), and					
	and name and business addresses of the partners are as follows:					



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That the ap	That the applicant operates in the following cities:					
That the ap	plicant is requesting a franchise to operate	(number) of				
EXHIBIT A	nat in support of this application there is attached the following exhibits:  KHIBIT A. A full statement of facts (not arguments or conclusions) which, supported by substantial testimony at the hearing, will support a finding of ublic Convenience and Necessity for this operation.					
	A complete list of the applicants motor vehicle year, make, model and carrying capacity of ea					
EXHIBIT C	Financial statement showing assets, liabilities it.	, and net worth of				
	Statement showing that the applicant has ma its for off-street parking of all said motor vehicle					
EXHIBIT E property.	Statement of proposed fares for transportation	n of persons and				
EXHIBIT F. a taxicab b	Statement showing the experience of the appusiness.	licant in conducting				