



**Greenville Police Department**  
500 South Greene Street, Greenville NC 27858, 252-329-4302

**APPLICATION FOR TAXICAB FRANCHISE**

Revised 08/31/2020

(NOTE: \$30 application fee must be presented with application in order for application to be considered.)

To the Chief of Police of the City of Greenville

The undersigned hereby makes application for a taxicab franchise under the provisions of Chapter 564, Session Laws 1945, and presents the following information:

- The applicant has read and understands the ordinances of the City of Greenville relating to liability insurance, drivers regulations, regulations of rates, and other matters pertaining to the operation of taxicabs as outlined in Title 11, Chapter 1 of the Greenville City Code.**

Company Name:		Applicant Name:		Date:	
Street Address:			City:	State:	Zip Code:
Mailing Address (If Different):			City:	State:	Zip Code:
Company Email Address:			Primary Contact Person:		
Work Phone Number:		Cell Phone Number:		Fax Number:	
<b>Application Type</b>					
Check One:	<input type="checkbox"/> New		<input type="checkbox"/> Reinstatement		
Check One:	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation
Check One:	<input type="checkbox"/> Taxi		<input type="checkbox"/> Limousine		<input type="checkbox"/> Shuttle Van

A. If a corporation chartered under the laws of the State of North Carolina, state the year \_\_\_\_\_ chartered and the officers of the corporation:  
 \_\_\_\_\_  
 \_\_\_\_\_.

B. A partnership, as shown by articles hereto attached, and the names of partners are:  
 \_\_\_\_\_  
 \_\_\_\_\_.

2. The Applicant operates in the following cities: \_\_\_\_\_

3. The Applicant is requesting franchise to operate \_\_\_\_\_ vehicles. (For New Franchises beginning after December 17, 2011, a minimum of three (3) required.)

4. In support of this application, the following Exhibits are attached:

Exhibit A. A full statement of facts which, if supported by substantial testimony at the hearing, will support a finding of public convenience and necessity for this operation;

- Exhibit B. A complete list of Applicant's motor equipment showing year, make, model, and carrying capacity of each unit;
- Exhibit C. Financial statement showing assets, liabilities and net worth of applicant;
- Exhibit D. Statement showing applicant has made complete arrangement for off-street parking of all motor vehicles;
- Exhibit E. Statement of proposed fares to be followed—Zone or meter—should include type of meter to be used;
- Exhibit F. Statement of experience of applicant in conducting taxicab business;
- Exhibit G. For persons who plan to be a driver: Official results of a ten panel drug screening for the applicant(s) from a practicing licensed physician, not greater than 30 days old from date of application, AND a waiver from the physician who conducted the drug screening releasing those results to the Greenville Police Department.
- Exhibit H. Provide copies of all leases, agreements and deeds showing the location of all off street parking where business or depot is located.

Please Print LAST NAME		FIRST NAME		MIDDLE NAME	
ALIAS OR NICKNAME		SEX	AGE	WEIGHT	ID NO.
ADDRESS		HAIR	EYES	COMPLEXION	
OCCUPATION			DRIVERS LICENSE NO.	IDENTIFICATION NO.	
PLACE OF BIRTH			DATE OF BIRTH	SOCIAL SECURITY NO.	
EMAIL ADDRESS			BUSINESS PHONE.	OTHER PHONE	

**Certification and Authorization**

I (We), the undersigned applicant(s), certify that I (We) submit this application in accordance with the provisions reflected in the Greenville City Code, Title 11, Chapter 1, Vehicle for Hire. I (We) further certify that:

I am (We are) currently in compliance with and will continue to comply with all requirements in the Vehicle for Hire Ordinance, previously mentioned.

All information contained in this application, including all attachment and enclosures, is true, accurate and complete to the best of my (our) knowledge.

I (We) own or lease a lawfully zoned depot, business, or terminal operating from private property.

I (We) understand that submitting false, incomplete, or misleading information in the application is unlawful, and shall be grounds for denial, suspension, or revocation of the company operating certificate.

Signature of Applicant(s) \_\_\_\_\_ Print \_\_\_\_\_

\_\_\_\_\_ Print \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public