

Southern Pines Police Department

Application for Taxicab Driver Permit

The Southern Pines Police Department will review, process and, if appropriate, issue a Taxicab Driver Permit to operate a taxicab in the Town of Southern Pines. To process your application, you must appear IN PERSON at the Southern Pines Police Department and have a photograph taken. Additionally, you must submit:

- This completed application
- Photocopy of valid North Carolina Driver License to operate a taxicab (MUST be valid for at least 12 months)

Applicant Information

Name: _____ Phone #: _____

Street Address: _____

D.O.B _____ OLN/State _____ Class: _____

Physical Condition & Description: _____

Former Employers: (List) _____

Relationship to Business (i.e. Owner, Operator, Driver, etc.): _____

Business Information

Taxicab Agency Name: _____

Address (not PO Box): _____

Telephone: Day: _____ After Hours: _____

Owner's Name: _____

Owner's Address: _____

Owner's Home Phone: _____

Agency Manager (if any): _____

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Do you currently possess a Southern Pines Police Department Taxi Driver Permit? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Have you previously possessed a SPPD Taxi Driver Permit? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Have you previously applied for a SPPD Taxi Driver Permit and been denied? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If YES, Explain: _____

Have you, in North Carolina or any other State:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 4. Committed DWI (over .08 % BAC) within last five (5) years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Committed a felony within last five (5) years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Committed an offense involving prostitution within last five (5) years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Committed an offense involving controlled substances within last five (5) years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Been convicted of more than two (2) moving motor vehicle violations in the last 12 months? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Do you have any adverse drivers' history or infirmity that may pose a liability as a taxicab driver? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If YES to any of the above, Explain: _____

Certification – Taxicab Agency

As the owner/manager of a properly licensed taxicab agency, by signing this application I hereby certify that I have hired or am intending to hire the applicant as a taxicab driver. I understand that it is my responsibility to ensure that the taxicab driver is properly licensed by the State of North Carolina to operate a taxicab and that he/she possesses a valid Southern Pines Police Department Taxicab driver permit. I understand that failing to comply with this or any statute, law, regulation or ordinance of the State of North Carolina or the Town of Southern Pines may be cause for revocation of my Business License to operate a Taxicab Agency.

Name - PRINTED

Signature

Certification - Applicant

As the applicant for a Permit under Chapter 115 of the Code of Ordinances of the Town of Southern Pines, by signing this application I hereby certify that I am aware of the Code of Ordinances and agree to abide by all provisions stated therein, including an initial and annual inspection to be conducted of my driver license/taxi permit and all other aspects as required by Chapter 115. I agree to update the Southern Pines Police Department within 48 hours if any information in this application changes.

Release

I am submitting the application as defined above. I agree to allow a background investigation, including a criminal history check, to be made for purposes of processing my application and for any inspections, annual reviews or administrative purposes relating to my application, license or permit and I certify that the information contained herein and in the application and supporting documents (if any) is true and accurate to the best of my knowledge

Name - PRINTED

Signature

Witness (SPPD)

Date of Release

FOR DEPARTMENT USE ONLY

Date Application received: _____ By: _____

(NOTE: All applications are to be forwarded to the Taxi Inspector)

Accepted Returned - Deficiency _____

Taxicab Inspector

Recommend Approval

Do Not Recommend Approval

Signature

Rank

Date

Comments: _____

Is the applicant in compliance with all requirements of GO 804, TOSP Ordinances and NCGS? Yes No

Review by Operations Captain

Recommend Approval

Do Not Recommend Approval

Signature: _____ Date: _____

Comments: _____

Review by Chief of Police

Approved

Not Approved

Signature: _____ Date: _____

Comments: _____