

Aberdeen Police Department

Application for Business License as a Taxicab Agency &
Taxicab Driver Permit Application

TYPE OF APPLICATION

- Application as a Taxicab Agency
(Complete Sections 1 & 3)
- Taxicab Driver Permit Application
(Complete Sections 2 & 3)

SECTION 1 – Application for Business License as a Taxicab Agency

The Aberdeen Police Department will review, process, and if appropriate, authorize the issuance of a Business License for a taxicab agency to conduct business in the Town of Aberdeen. For the Aberdeen Police Department to process your application please submit the following documents:

- This completed application
- Photocopy of North Carolina Vehicle Registration for all vehicles intended to be used as a taxicab
- Photocopy of government issued identification card (Driver License, Passport, Military ID, etc.)
- Proof of financial liability insurance for all vehicles intended to be used as a taxicab
- A Certified copy of a Criminal Record from the Clerk of Courts of any convictions within the past five (5) years
- A complete set of Fingerprints (The Aberdeen Police Department will take fingerprints on request.)

- SBI Authority for Release of Information Form

The following, non-refundable fees for police department services are due to the Town of Aberdeen at the time of application. (NOTE: All fees are set by North Carolina General Statute and cannot be waived by the Town of Aberdeen)

1. Application/Annual Fee \$48.00

The applicant will pay the Business License Fees to the Town of Aberdeen Finance Department, 115 N. Poplar Street, Aberdeen, NC 28315. A paid receipt must be returned to the Police Department.

Applicant Information

Name: _____

Phone #: _____

Street Address: _____

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

Business Information

Taxicab Agency Name: _____

Physical Address (No PO Box): _____

Daytime Telephone #: _____ After Hours Telephone #: _____

Owner's Name: _____

Owner's Address: _____

Owner's Home Phone: _____

Taxicab Information

Total number of taxicabs owned/operated by agency: _____

Type: Vehicle Horse-drawn Other

Taxicab #1

Make: _____ Model: _____ Year: _____

Agency Number: _____

License Plate: _____ "For Hire" tags? Yes No

VIN: _____

Taxicab #2

Make: _____ Model: _____ Year: _____

Agency Number: _____

License Plate: _____ "For Hire" tags? Yes No

VIN: _____

Taxicab #3

Make: _____ Model: _____ Year: _____

Agency Number: _____

License Plate: _____ "For Hire" tags? Yes No

VIN: _____

Liability Insurance

Insurance Carrier: _____

Policy Number: _____ Policy Dates: _____

Coverage Limits: _____

Does policy cover all vehicles intended to be used by the agency as a taxicab? Yes No

SECTION 2 – Taxicab Driver Permit

The Aberdeen Police Department will review, process, and if appropriate, issue a Taxicab Driver Permit for a specific person to operate a taxicab in the Town of Aberdeen. For the Aberdeen Police Department to process your application, you must appear IN PERSON at the Aberdeen 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
- A Certified copy of a Criminal Record from the Clerk of Courts of any convictions within the past five (5) years
- A complete set of Fingerprints (The Aberdeen Police Department will take fingerprints on request.)
- SBI Authority for Release of Information Form

In addition to standard fees and charges, the following, non-refundable fees for police department services are due to the Town of Aberdeen prior to the issuance of a Business License. (NOTE: All fees are set by North Carolina General Statute and cannot be waived by the Town of Aberdeen)

1. Application/Annual Fee \$48.00

The applicant will pay the Business License Fees to the Town of Aberdeen Finance Department, 115 N. Poplar Street, Aberdeen, NC 28315. A paid receipt must be returned to the Police Department.

(NOTE: If more than three (3) operators, add additional sheet)

Operator #1

Name: _____

Address: _____

Date of Birth: _____ OLN/State: _____ Class: _____

Physical Condition: _____

Physical Description: _____

Current Employer: _____

Prospective Employer: _____

Former Employers: (List) _____

Have you, in this or any other state:

Committed DWI (over .08% BAC) within the last 5 years? Yes No

Committed a felony within the last 5 years? Yes No

Committed an offense involving prostitution within the last 5 years? Yes No

Been convicted of more than 2 moving motor vehicle violations in the last 12 months? Yes No

Are there any adverse driver's history or infirmity that may pose a liability as a taxicab driver? Yes No

Describe: _____

Operator #2

Name: _____

Address: _____

Date of Birth: _____ OLN/State: _____ Class: _____

Physical Condition: _____

Physical Description: _____

Current Employer: _____

Prospective Employer: _____

Former Employers: (List) _____

Have you, in this or any other state:

Committed DWI (over .08% BAC) within the last 5 years? Yes No

Committed a felony within the last 5 years? Yes No

Committed an offense involving prostitution within the last 5 years? Yes No

Been convicted of more than 2 moving motor vehicle violations in the last 12 months? Yes No

Are there any adverse driver's history or infirmity that may pose a liability as a taxicab driver? Yes No

Describe: _____

Operator #3

Name: _____

Address: _____

Date of Birth: _____ OLN/State: _____ Class: _____

Physical Condition: _____

Physical Description: _____

Current Employer: _____

Prospective Employer: _____

Former Employers: (List) _____

Have you, in this or any other state:

Committed DWI (over .08% BAC) within the last 5 years? Yes No

Committed a felony within the last 5 years? Yes No

Committed an offense involving prostitution within the last 5 years? Yes No

Been convicted of more than 2 moving motor vehicle violations in the last 12 months? Yes No

Are there any adverse driver's history or infirmity that may pose a liability as a taxicab driver? Yes No

Describe: _____

SECTION 3 – Release & Certification

Certification

As the applicant for a Permit under Chapter 116.01 thru 116.07 of the Code of Ordinances of the Town of Aberdeen, by signing this application, I hereby certify that I am aware of the Code of Ordinances and agree to abide by all provisions state therein, including an initial and annual inspection to be conducted of my business, vehicles and all other aspects as required by Chapter 116. I agree to update the Aberdeen 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 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.

Printed Name

Signature

Agency Name

Agency Address

Witness (Aberdeen Police Department)

Date of Release

FOR DEPARTMENT USE ONLY

Date Application received: _____ By: _____

(NOTE: All applications are to be forwarded to the Office of the Chief of Police)

Accepted Returned – Deficiency: _____

Comments: _____



ABERDEEN POLICE DEPARTMENT
 TOWN OF ABERDEEN
 804 North Sandhills Boulevard
 Aberdeen, North Carolina 28315
 Phone: 910-944-9721 Fax: 910-944-1545



Taxi Cab Certification

Company Information			
Company Name:			
Address:		Phone Number:	
Owner Operator's Information			
Owner Operator's Name:		Phone Number:	
Address:		Driver's License Number:	
Taxi Drivers' Information			
Name	Address		Driver's License Number
1.			
2.			
3.			
4.			
5.			
6.			
Vehicle Information			
1. Vehicle #:	Year:	Make:	Model: Color:
VIN:		License Plate Number: State:	
2. Vehicle #:	Year:	Make:	Model: Color:
VIN:		License Plate Number: State:	
3. Vehicle #:	Year:	Make:	Model: Color:
VIN:		License Plate Number: State:	
4. Vehicle #:	Year:	Make:	Model: Color:
VIN:		License Plate Number: State:	
5. Vehicle#:	Year:	Make:	Model: Color:
VIN:		License Plate Number: State:	
Insurance Information			
Insurance Company Name:			Policy Number:
Effective Date:		Expiration Date:	
Signature Is Required			
Applicant's Signature:			Date:

For Official Use Only	
Privilege License:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason for denial:	
Signature:	Date:

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for taxi driver license with the Aberdeen Police Department pursuant to N.C.G.S. 160A-304 and ordinance.

(Print or Type Legibly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (*Optional)	Date of Birth	Sex	Race
_____	_____	_____	_____

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a hard copy of the results of this criminal record check to me.

Applicant/Employee Signature

Date

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigations.