

APPLICATION FOR TAXICAB FRANCHISE

To the Mayor and City Council 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:

1. The applicant is familiar with 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.
2. The individual, corporate or trade name and business address of the applicant is:
_____.
3. The Applicant is:
 - A. An individual and sole owner of the taxicab business to be operated under the above name.
 - B. A corporation chartered under the laws of the State of North Carolina in the year _____, and the officers of the corporation are
_____.
 - C. A partnership, as shown by articles hereto attached, and the names of partners are:

_____.
4. The Applicant operates in the following cities: _____
5. The Applicant is requesting franchise to operate _____ taxicabs.
6. 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 for transportation of persons and property.
 - 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 drug screening for the applicant(s) from a practicing licensed physician AND a waiver from the physician who conducted the drug screening releasing those results to the Greenville Police Department

HAND PRINT OR TYPE

LAST NAME		FIRST NAME		MIDDLE NAME	
ALIAS OR NICKNAME	SEX	AGE	WEIGHT	HEIGHT	ID NO.
ADDRESS	HAIR	EYES	COMPLEXION		
OCCUPATION		DRIVERS LICENSE NO.		IDENTIFICATION NO.	
PLACE OF BIRTH		DATE OF BIRTH		SOCIAL SECURITY NO.	

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public