

**City of York
Planning Department
Application for Taxi Business**

NOTICE:

1. No vehicle registration tag, as issued by the state highway department shall be attached to any vehicle operated under this article, if such registration license tag is not issued in the name of the true owner of such vehicle. (Section 46-33).
2. No license for the operation of a taxi business shall be issued to any person under the age of 18. (Section 46-70).
3. You must attach a copy with this application of your vehicle insurance policy which must have a minimum coverage of \$25,000 liability, \$50,000 bodily injury or personal injuries and \$25,000 for property damages resulting from or by the negligent operation of such taxi (Section 46-72).
4. If you will be operating (driving) a taxi you must also attach a copy of you current driving record from SCDMV with this application.

APPLICANT INFORMATION:

Complete Full Name: _____

Any other name used or known by: _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

Height: _____ Color of Hair: _____ Color of Eyes: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Name of Employer: _____

Employment Address: _____

Do you use alcohol, narcotics or other drugs? ___ Yes ___ No, if yes to alcohol what type, how much, and how often? _____

If yes to narcotics or other drugs list the drug, how often, and why you use it: _____

I attest that the information provided in this application and attachments thereto are true to the best of my knowledge. I understand that if I am issued a Taxi Business License I am responsible for complying with all ordinances of the City of York as well as all state and federal laws. I further understand that the York Police Department may contact me for other related information as necessary.

I further understand that after the York Police Department completes the background investigation on me, the Chief of Police will report the department's findings with his or her recommendations to the York City Council for review.

Applicant's Signature

Date

SWORN to before me this _____ Day of _____ in the year _____

NOTARY PUBLIC FOR SOUTH CAROLINA

COMMISSION EXPIRATION DATE

FOR OFFICE USE ONLY

Date Submitted to Police Department: _____

The City of York Police Department has reviewed this application and approval _____ is given _____ is _____ not given to issue a business license for the referenced taxi business.

Chief of Police Signature: _____

Date: _____

Have you ever been arrested or convicted of any criminal/traffic offence? ____ Yes ____ No
If yes how many times? _____ provide details:

Vehicle Information:

Vehicle 1:

Vehicle Make: _____ Model: _____
License Plate Number: _____ Serial Number: _____
Body Type: _____

Vehicle 2:

Vehicle Make: _____ Model: _____
License Plate Number: _____ Serial Number: _____
Body Type: _____

Vehicle 3:

Vehicle Make: _____ Model: _____
License Plate Number: _____ Serial Number: _____
Body Type: _____

Release of Criminal, Traffic, and Any Other Necessary Information

I understand that the above requested information will be used by the York Police Department for the purpose of conducting a national computer (NCIC) criminal history, traffic records, and background investigation which may also include talking with other law enforcement agencies, and private citizens. The reason for this inquiry and background investigation is to determine that I am of good moral character, and that I meet necessary requirements to obtain a Taxi Business License as required by City Ordinance, Vehicles for Hire, Section 46.

Knowing this, and after having all my questions, if any, answered to my complete satisfaction; I freely give my permission to conduct this inquiry and background investigation. I also hereby release the City of York, the York Police Department, any other agency, or private citizen who provides information on me from any liability or damage of any type that may result from the release of such information provided.

SIGNATURE: _____

DATE: _____