

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.*