



Rory B. Collins  
Chief of Police

# SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

## TAXICAB FRANCHISE APPLICATION CHECKLIST

The following are required in order to process your application:

1. Completed Taxi Cab Franchise Application Part A.
2. Completed Taxi Cab Franchise Application Part B.
3. A Notarized Authorization to Release Information Affidavit.

**\*\*\*Allow fourteen days for your application to be processed\*\*\***

### **NOTICE:**

**FAILURE TO SUBMIT THE REQUIRED ITEMS LISTED ABOVE WILL DISQUALIFY YOUR FRANCHISE APPLICATION FROM FURTHER CONSIDERATION.**

**FAILURE TO PROVIDE ACCURATE INFORMATION DURING THE PROCESS WILL RESULT IN THE DENIAL OF YOUR CERTIFICATE BEING ISSUED.**



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## Application for Taxi Cab Franchise

**(Please print)**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town / State/ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Taxi Franchise Name: \_\_\_\_\_

Taxi Company you will drive for: \_\_\_\_\_

Automobile Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent Name and Phone Number: \_\_\_\_\_

If substituting as a Driver which Taxi Owner/Operator will you be driving for:

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**(IMPORTANT NOTICE: FAILURE to provide complete and accurate information will result in your Taxi Operators PERMIT application being denied)**

CRIMINAL and Traffic violations and convictions:

Date: \_\_\_\_\_ County Court was held in: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(If more space is needed add pages to the application with information formatted as it is above.)**

AFFIDAVIT OF (Full name printed) \_\_\_\_\_

SIGNATURE in FULL) \_\_\_\_\_

Sworn and subscribed before me this: \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

SIGNATURE OF NOTARY: \_\_\_\_\_

My commission expires

on: \_\_\_\_\_

**APPLICATION FOR A TAXICAB FRANCHISE**

To: The Mayor and City Council Members  
City of Salisbury  
Salisbury, N.C.

The undersigned hereby makes application for a taxicab franchise under the provisions of the General Statutes of North Carolina, Section 160A-304, and presents to the City Council the following information:

1. That the Applicant is familiar with the ordinances of the City Of Salisbury relating to liability insurance, driver regulations, and other matters pertaining to the operation of taxicabs.
  
2. That the Individual, Corporate or Trade name and business address of the applicant is \_\_\_\_\_  
\_\_\_\_\_
  
3. That the applicant is:
  - (A) An individual and sole owner of the taxicab business to be operated under above name.
  
  - (B) A Corporation chartered under the laws of North Carolina in the Year \_\_\_\_\_ and Officers of the Corporation are (Give names and addresses) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - (C) A partnership (attach a copy of the agreement of partnership), and and name and business addresses of the partners are as follows:

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4. That the applicant operates in the following cities: \_\_\_\_\_

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5. That the applicant is requesting a franchise to operate \_\_\_\_\_(number) of taxicabs.

6. That in support of this application there is attached the following exhibits:

EXHIBIT A. A full statement of facts (not arguments or conclusions) 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 the applicants motor vehicle equipment showing the year, make, model and carrying capacity of each vehicle.

EXHIBIT C. Financial statement showing assets, liabilities, and net worth of the applicant.

EXHIBIT D. Statement showing that the applicant has made complete arrangements for off-street parking of all said motor vehicles.

EXHIBIT E. Statement of proposed fares for transportation of persons and property.

EXHIBIT F. Statement showing the experience of the applicant in conducting a taxicab business.

Signed \_\_\_\_\_  
(Name of applicant)

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Sworn to and subscribed before  
me this the \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission expires:  
\_\_\_\_\_



# SALISBURY POLICE DEPARTMENT

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Chief of Police

## AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, am an applicant for a **Taxi Cab Franchise** with the Salisbury Police Department. In order to process my application, certain information must be made available to the Chief of Police of the City of Salisbury. This information is for my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions, consumer reporting agencies, doctors and any other persons, institution or organization and all governmental agencies and instrumentality's (local, state, federal and foreign); wherever said individuals or organizations are situated, to release to the Chief of Police of Salisbury, or any representative thereof, any document, information record or file that he deems material to processing my application for **Taxi Cab Franchise**. Said information can be furnished if the request thereof is made in person or in writing.

Further, I release all said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Chief of Police or his representatives, and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Chief of Police or his representatives as my agent for the purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

**AFFIDAVIT OF (FULL NAME PRINTED)** \_\_\_\_\_

I, the undersigned, being duly sworn, deposes and says as follows:  
I am the person who executed the above authorization; I understand its meaning, intention and effect and that the statements therein are true and correct. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

**SIGNATURE (IN FULL):** \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200\_\_\_\_\_

**SIGNATURE OF NOTARY:**  
\_\_\_\_\_

My commission expires: \_\_\_\_\_