

City of North Charleston, SC

TAXI/CHAUFFER APPLICATION

APPROVED PERMIT NO. _____

LAST NAME FIRST NAME MI ALIAS OR STREET NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE # EMAIL ADDRESS

COMPANY YOU WILL BE DRIVING FOR COMPANY TELEPHONE #

COMPANY ADDRESS CITY STATE ZIP CODE

DRIVER'S LICENSE NO. STATE DATE OF BIRTH

AGE HEIGHT WEIGHT SEX RACE

ARE YOU A U.S. CITIZEN? DO YOU SPEAK ENGLISH?

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED?

IF YES, PLEASE GIVE THE REASON:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, WHEN?

REFERENCES

NAME	PHONE NUMBER
NAME	PHONE NUMBER
NAME	PHONE NUMBER

ATTACHED: TEN YEAR DRIVING HISTORY, CRIMINAL RECORD, NATIONAL SEX OFFENDER QUERY & FINGERPRINT CARD

ONCE YOUR LICENSE IS ISSUED, IT MUST BE DISPLAYED IN THE TAXI

Any false or misleading information submitted will be sufficient cause to deny or revoke this application.

Submit in person or by mail to the following address:

City of North Charleston, Business License Office, PO Box 190016, North Charleston, SC 29419-9016

Applicant's Signature: _____ Date: _____
Approved by: _____ Date: _____ Permit #: _____

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING