

**Metro Transportation Licensing Commission**  
**Renewal of Taxicab Company Application**  
**Certificate of Public Convenience and Necessity**

The making of any false statement in this application may subject the offender to the penalty prescribed by the law. Detection of such false statements may result in the refusal of certificate or, if previously granted, in revocation of the certificate.

The applicant must properly and legibly complete the following application and all questions must be answered and attested to by the applicant.

*I (we) hereby make application for a Certificate of Public Convenience and Necessity to conduct and operate a taxicab business in Metropolitan Nashville-Davidson County.*

1. Name of Proposed Taxicab Company \_\_\_\_\_
2. Address \_\_\_\_\_  
Mailing Address, if different \_\_\_\_\_
3. Telephone \_\_\_\_\_ Fax \_\_\_\_\_
4. E-Mail \_\_\_\_\_ Web site www. \_\_\_\_\_
5. Type of Company (e.g. solely-owned, partnership, corporation) \_\_\_\_\_  
Provide a copy of current business license, articles of incorporation.
6. Attach a list of Name(s) and Street Address(es) (P.O. Box is not acceptable) of all Owners or Partners of all Owners/Partners, showing percentage of ownership of each.
7. List Name(s) of executive officers of the company  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe the duties/responsibilities of each person listed in sections 6 and 7 as it relates to the business  
\_\_\_\_\_  
\_\_\_\_\_
9. Attach a current list of taxicabs (to include VIN, make, model and year of vehicle).
10. Attach a current list of taxicab drivers (to include part-time drivers).
11. List the location(s) of the place(s) from which the company will operate. Include a description of the operations that will be conducted from each location (e.g., dispatch, garage, storage, etc.). At minimum, must meet the requirements of Section 6.72.220 of the Taxicabs Ordinance.  
\_\_\_\_\_  
\_\_\_\_\_
12. Attach a list of the company's rules and regulations governing vehicles and drivers.
13. Attach evidence of insurance on the company and its assets.
14. Attach a list of any arrests, charges and convictions of any applicant/any partner within the past 10 years.
15. Attach a report to include the following information: volume of complaints per annum, defined complaint resolution process, dispatcher training and accreditation program, vehicle self-inspection program, driver probation periods, driver rewards programs and special passenger accommodations (disabled, senior citizens, etc.), and other pertinent information.

16. Describe capital investment for the past year.

Pursuant to the Metropolitan Code of Laws 6.72.030, the Metropolitan Transportation Licensing Commission is authorized to complete a criminal background check for each applicant.

I, \_\_\_\_\_, do solemnly swear (or affirm) that the information filed as a part of this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

**County of Davidson  
State of Tennessee**

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires

Date received: \_\_\_\_\_ By: \_\_\_\_\_ Fee: \_\_\_\_\_

**Metropolitan Transportation Licensing Commission  
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