

Metro Transportation Licensing Commission
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 _____
3. Telephone _____ Fax _____
4. E-Mail _____ Web site www. _____
5. Type of Company (e.g. solely-owned, partnership, corporation) _____
6. List Name(s) and Address(es) of all Owners or Partners (provide proof of citizenship or residency authorization by the United States Immigration and Naturalization Service)

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. Describe any experience any of the applicants have with respect to taxicabs

10. Number of taxicab permits/decals requested (note: total must be at least 20) _____
11. Attach a detailed description of each taxicab to be used including make, model and year, type of vehicle (van, sedan, etc.) and VIN number and equipment used to operate the business. Include whether the cars, equipment, etc. will be leased, already owned or will be purchased.
12. Attach an explanation including all facts and information necessary which will provide proof of a need (as described in the Metropolitan Code of Laws, 6.72.060 (B) for the service for which you are applying.
13. Describe the color scheme for the taxicabs _____

14. Describe any commitment to deliver service in areas underserved or areas targeted for improved service _____

15. Attach a list of taxicab drivers including name, address and a copy of driver's permit
16. Attach a plan to train prospective drivers
17. Attach a list of all rules and regulations governing driver appearance
18. Attach a report on the financial status of the applicant including any judgments against the applicant, together with information regarding the amount of any such judgment and the nature of the transaction or accts giving rise to such judgments. The information shall be presented in a certified financial statement (from a CPA) current within thirty (30) days of the date of the application submission. In addition, assets of all owners/partners including real property, assets to be used for the business, a detailed list of debts and liabilities of the owners/partners as well as an estimate of net worth of the owners/partners should be included. This report must include information from the last two years of business including revenues, expenses assets and liabilities. Include a statement from the individual who prepared the statement indicating thy type of audit which is being provided.
19. Attach a list of four persons as business references including a bank representative
20. Attach evidence of insurance on each taxicab (Taxi Liability Form)
21. Describe planned capital investment per annum for vehicle, dispatch/communications and office management tools as well as plans for use of the Internet and world-wide web.
22. Has the applicant or any partner ever been refused a taxicab certificate/permit? _____
If yes, when? _____
23. List any arrests, charges and convictions of any applicant or any partner within the past 10 years

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

A non-refundable fee of \$900 must accompany this application at the time of filing

**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:** _____

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