

**CHECK LIST FOR TAXI CERTIFICATE OF PUBLIC
CONVENIENCE AND NECESSITY**

Taxi Company_____

- Fare rates displayed Y/N
- Application for the CPCN Y/N
- Proof of Liability Insurance Y/N
- Decal Y/N Decal Number_____
- Surety Bond Y/N
- Type of dispatching_____
- Application for Taxicab Driver's Permit Y/N
- Proof from doctor or Health Dept Y/N
- Display of Permit Y/N
- Vehicle Safe and Sanitary Y/N
- "Taxi" displayed Y/N
- Meter installed/inspected annually Y/N
- Manifest Y/N

Application for City of Batesville Taxicab Driver's Permit

Taxicab Licensing Bylaw 4.24.10

This form is to be completed by all persons wishing to apply for a City of Batesville Taxicab Driver's Permit. Please ensure all necessary documents are attached.

Surname of Applicant	Given Name	Middle Name
Arkansas Driver's License Number	Date of Birth	Phone Number ()
Physical Address of Applicant	City, State, Zip Code	
Mailing Address of Applicant (If different)	City, State, Zip Code	
Disclosure of Conviction of any Felony or Misdemeanor DWI or DUI within the past six (6) years.		
Name of Taxicab Service Employed By	Name of Owner/Operator	Business Phone Number
Name of Taxicab Licensee	Taxicab License Tag Number	

References: Four residents of Independence County, who have known the applicant for a period of one year and who will vouch for the sobriety, honesty, and general good character of the applicant.		
Name	Address: Street, City	Phone Number ()
Name	Address: Street, City	Phone Number ()
Name	Address: Street, City	Phone Number ()
Name	Address: Street, City	Phone Number ()

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Attachments

Copy of Drivers' License

Certificate of Health

Application for Certificate of Public Convenience and Necessity

Surname of Applicant	Given Name	Middle Name
Physical Address of Applicant	City, State, Zip Code	
Mailing Address of Applicant (If different)	City, State, Zip Code	
Phone Number ()	Cell Phone Number ()	

Co-Applicant Surname (If applicable)	Given Name	Middle Name
Physical Address of Applicant	City, State, Zip Code	
Mailing Address of Applicant (If different)	City, State, Zip Code	
Phone Number ()	Cell Phone Number ()	

Co-Applicant Surname (If applicable)	Given Name	Middle Name
Physical Address of Applicant	City, State, Zip Code	
Mailing Address of Applicant (If different)	City, State, Zip Code	
Phone Number ()	Cell Phone Number ()	

**Names of Officers and or Stockholders of the Company,
if incorporated, not listed above.**

Name	Address (Street, City, State	Phone Number
		() -
		() -
		() -

Name of Proposed Business	
Location of Proposed Depots and Terminals	
Proposed Business Phone Number	Proposed Business Email
Proposed Color Scheme	★ Please attach a picture of the proposed insignia if available.
Proposed Business Days and Hours of Operation	

Vehicle Information

Maximum Number of Vehicles to be Operated		Minimum Number of Vehicles to be Operated	
Vehicle Make and Model	Vehicle Identification Number (VIN)	Vehicle License Plate Number (Tag)	

Proposed Rate Schedule

Rate for First Mile	
Rate for Additional Mile/ fraction of mile (please specify unit of measure ie. 1/10 mi. or 1/5 mi.)	
Rate Outside City Limits	
Rate for Long Distance Trip Outside City Limit	
Rate for Waiting Time	
Rate for Additional Passengers	
If Additional Rate, please specify.	

Proof that Public Convenience and Necessity Requires the Granting of Franchise

Experience of Applicant, all Officers, and Stockholders of the Company in the transportation of passengers.

Attachments

<input type="checkbox"/> Annual Franchise Fee--\$250.	<input type="checkbox"/> Proof of Surety Bond--\$200
<input type="checkbox"/> Proof of Liability Insurance	<input type="checkbox"/> Proposed Business Insignia
<input type="checkbox"/> Copy of Manifest to be utilized	

I hereby affirm the information given herein is true. I have not suppressed any material fact. I agree to operate my business within the City of Batesville according to the terms outlined by the Batesville Municipal Code Governing Taxicab Franchises. I understand that if after the issuance of the license, if it is found that I have made any false declaration in this form, the City of Batesville reserves the right to revoke this license.

Signature of Applicant	Date of Application
Signature of Co-Applicant	Date of Application