

TAXICAB LICENSE REQUIREMENTS

1. Complete an application for the operation of a taxicab in the City of Calhoun, providing all requested information. The application must be approved at an official meeting of the Mayor and Council.
2. Owner - Before the application is submitted to City Hall the criminal history must be completed. The record request form, along with an original social security card and photo id, must be taken to the Calhoun Police Department; 200 North Wall Street. Appointment must be made in advance by calling 706-629-1234. Notaries are available at the Police Department. The fee will be \$30.00 if an ID is required. ID's are required for all drivers. The police department accepts cash only.
3. The owner must show proof of **COMMERCIAL INSURANCE** on all vehicles to be used in the business. The limits on the insurance policy must be at least \$25,000 for body injury, per person; \$50,000 for bodily injury, per occurrence; \$25,000 for property damage. The City of Calhoun must be named on the policy to be notified in case of cancellation.
4. Contact Neal Russell at 706-602-5605 for a new business inspection. **A business license will not be issued at ANY residential address.**
5. Non-refundable application fee of \$100.00 plus \$28 for fingerprints

Two weeks before the public hearing all vehicles are to be inspected by the Calhoun Police Department.

Vehicles must have:

Painted (3" inches in height) lettering or vinyl lettering on both sides and the rear of the vehicle the word "Taxi" or "Taxicab", as well as the name and telephone number of the taxicab business.

Fares displayed by decal, no smaller than 8 inches by 8 inches on both the right and left rear passenger windows, which shall clearly display and explain a schedule of rates and charges to taxicab services, including any and all "flat rate" fares.

Taximeters must be fastened to front dash of the taxi in full view of the passengers. Meters may be obtained from Atlanta Taxi Meter, 2000 Manchester Street NE, Atlanta, GA 30324, (404)-872-5232 or any other taxi meter business that meets the required specifications.

Upon approval by the Mayor and Council, applicant shall:

- ✓ Pay \$75.00 per year to obtain his/her official City of Calhoun occupational license
- ✓ Each driver shall be accompanied by a certificate from a reputable physician of the city certifying that, in such physician's opinion, the driver is not afflicted with any disease or infirmity which makes the applicant an unsafe or unsatisfactory driver.
- ✓ Every driver (\$35.00 fee per driver) must obtain an ID from the Calhoun Police Department. Each driver must have a clear driving record and must have finger prints on file with the police department. This permit must be displayed within the taxicab within view of all passengers at all times a driver is operating the vehicle.

**CITY OF CALHOUN, GEORGIA
TAXICAB AND LIMOUSINE OPERATOR
REGULATORY LICENSE APPLICATION**

Name of Applicant

Doing Business As:

Business Address (Must be zoned for commercial activity)

Home Address

Business Phone

Home Phone

Date Business is to be opened

Will owner/applicant serve as a driver at any time? _____

If yes, applicant must comply with driver's permit requirements (City Code of Ordinances,) in addition to those of owner/applicant.

Name and address of four residents of the City of Calhoun who can attest to the good character of the applicant:

Employment History of Applicant, including **all** jobs held in the past ten years:

Name of Employer	Supervisor	Job Title or Description	Years of Employment

List all experience of the applicant in the transportation of passengers:

Educational background of applicant:

Name and Location of School	Dates Attended	Grade Completed

List of Vehicles to be designated as taxicabs:

Year	Make & Model	Tag Number

(When additional vehicles are purchased, an application must be filed with the city clerk specifying the proposed changes.)

List Information on all drivers:

Name	Address	Date of Birth

Brief statement by applicant as to the need for additional taxicab or limousine licensee within the City of Calhoun, Georgia:

List location of proposed depots and terminals.

ACKNOWLEDGEMENT OF APPLICANT:

I hereby acknowledge receipt of a copy of Chapter 22, Division 4-Taxicabs, regarding the operation of a taxicab business, and I agree to comply with these rules and Georgia State regulations.

Any change in ownership, address, vehicle, or driver must be reported to City Hall within 15 days.

If a driver leaves the company, ID's must be returned to the Calhoun Police Department within 15 days.

Signature of Applicant

Date

Witness

Notary Public

City Use Only:

Date of First Reading: _____

Date of Second Reading: _____

Date of Approval/Denial: _____



**City of Calhoun
Affidavit Verifying Status
For City Public Benefit Application**

By executing this affidavit under oath, as an applicant for the City of Calhoun, Georgia Business License as referenced in O.C.G.A. § 50-36-1, from the undersigned applicant verifies **one** of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by OC.G.A. § 50-36-1(e)(1), with this affidavit.

**A copy of one of the following cards must be attached:
Driver's license, Permanent Resident, Employment Authorization Document,
US Passport, US military ID, or a Certificate of Citizenship.**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Signature of Applicant:	Printed Name:	Date:
_____	_____	_____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

Notary Public

My Commission Expires: _____

Drivers License Number _____

Date

Re: Patient's name _____

Address _____

DOB: _____ Driver's License # _____

Company Name: _____

To Whom It May Concern:

In my opinion, the patient listed above is not afflicted with any disease or infirmity which makes the patient an unsafe or unsatisfactory driver.

Sincerely,

Physician's signature

Physician's printed name