

**CITY OF CHARLESTON
TAXI CAB / PEDICAB DRIVER'S PERMIT
INSTRUCTIONS**

- 1) You can pick up a City of Charleston Taxi Cab Driver's Permit Application or Rickshaw/Pedicab Application at the City of Charleston Police Department Records Division, located at 180 Lockwood Boulevard. The entire application must be completed within 30 days.
- 2) Completed Applications must be returned to the City of Charleston Police Records Division located at 180 Lockwood Blvd. between the hours of 8:00am and 3:00pm on Tuesdays and Thursdays. **From Jan. 1- Feb. 5, 09 we will process applications on Tuesdays, Wednesdays, and Thursdays between the hours of 8:00am and 3:00pm. Beginning Feb 10, 09 we will process applications on Tuesday and Thursdays only.**
- 3) Along with your completed application you must submit the following items:
 - A) A Medical Statement completed by your physician within 30 days of submission of your application.
 - B) A criminal records check through SLED (SC State Law Enforcement Division). This information may be obtained by **mailing** a \$25.00 money order or business check to:

SC State Law Enforcement Division
Attn. Criminal Records
PO Box 21398
Columbia SC 29221

Your request must include your full name, date of birth, social security number, current mailing address and phone numbers.
****As of Monday December 15, 2008 the SLED Records Check Division located at 4400 Broad River Rd. in Columbia SC. will no longer be open to walk-ins. WE WILL NO LONGER ACCEPT RECORD-CHECKS OBTAINED ON-LINE FROM THE SLED WEBSITE *****
 - C) A Ten-Year (10) Driving Record from the SC Division of Motor Vehicles. Requests for this record should be made in person at the DMV Branch office in front of Police headquarters at 180 Lockwood Blvd. The charge for this information is \$6.00.
 - D) You must present YOUR ACTUAL South Carolina Driver's License
 - E) Proof of employment in the form of a letter from the company on company letterhead (example: John Doe will be working for the "Z-CAB" Company...)
- 4) Incomplete Applications will not be accepted. Applications which are determined to be incomplete will be returned to the applicant.
- 5) Upon receiving your license you are required to report to the Charleston County SHERIFF'S OFFICE at 3505 Pinehaven Dr. to complete the process.

NOTE THE FOLLOWING:

- 1) There will be a \$20 late fee for renewals submitted after February 5, 2009.
- 2) There will be a \$20 replacement fee for all lost or stolen cards.
- 3) There is a separate fee for Taxi and Chauffeur licenses - \$20 for each license, \$30 for both.

**CITY OF CHARLESTON
TAXI CAB / PEDICAB DRIVER'S PERMIT
MEDICAL STATEMENT**

I _____, (attending or hospital physician) examined
_____ on this ____ day of _____ 200__,
and I confirm that the examinee does not have any physical or mental condition which
would prevent him / her from safely operating a limo/taxicab / pedicab in the City of
Charleston.

Physician's Signature

Date

Address

()
Telephone Number

City State Zip

()
FAX Number

Patient Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize my attending physician and/or hospital to release any information or copies
there-of acquired in the course of my examination for this certificate to the city of Charleston or
my employer and their affiliates and each of their representatives.

Patient Signature

Date

**APPLICATION
CITY of CHARLESTON
CHAUFFUER/TAXI CAB / PEDICAB DRIVER'S LICENSE**

Date of Application _____

Driver's License No. _____	State _____	Exp. Date _____
Last Name _____	First Name _____	MI. _____
Sex _____	Date of Birth _____	S.S.No. _____
Address _____	City _____	State _____ Zip _____
Telephone No. _____	Alternate Phone No. _____	
HGT. _____	WGT. _____	Hair _____ Eyes _____

List Three Local Personal References who have known you personally and can speak to your character:

- 1) Name _____ Telephone No. _____
Complete Address _____
- 2) Name _____ Telephone No. _____
Complete Address _____
- 3) Name _____ Telephone No. _____
Complete Address _____

List traffic violations with dispositions for the past three years:

Have you ever been arrested? No _____ Yes _____

If yes, list all arrests with dispositions:

Please attach to the application the following items:

- 1) Medical Statement
- 2) Records Check through SLED
- 3) Ten-Year Driving Record through SC DMV
- 4) Proof of Employment or insurance coverage or Business License (if you are the owner)
- 5) PRESENT your ORIGINAL SC Driver's License (Clerk will make and attach a copy)

I hereby submit this application for a City of Charleston Taxi Cab or Pedicab license and attest to the fact that all of the above and attached information is true and accurate. I understand that any false or incomplete statements shall invalidate the permit application.

Applicant Signature _____ Date _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: _____	Date _____
Reason for Denial _____			

Sec. 31-122. Qualifications of applicant.

Each applicant for a taxicab driver's permit must meet the following requirements:

- (1) Be at least eighteen (18) years of age.
- (2) Be of sound physique, with good eyesight, and not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render him unfit to safely operate a taxicab.
- (3) Be able to read, write, and speak the English language.
- (4) Be clean in dress and person.
- (5) Be not addicted to the use of drugs or intoxicating liquors.
- (6) Be a person of good moral character, and furnish as references the names of three (3) reputable citizens of the city who have known him personally and observed his conduct.
- (7) Be the holder of a valid automobile driver's license from the state highway department.

(Code 1975, § 50-55)