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, Administrative Support Division, located at 180 Lockwood Boulevard. You may also print out an application online at www.charleston-sc.gov, click on City Departments and then click Police Dept. The entire application must be completed within 30 days of the date you submit your application.

2) Completed Applications must be returned to the City of Charleston Police Administrative Support Division located at 180 Lockwood Blvd. between the hours of 8:00am and 3:00pm on Tuesdays and Thursdays. From Jan. 4- Feb. 3, 2011 we will process applications Tuesdays, Wednesdays, and Thursdays between the hours of 8:00am and 3:00pm. Beginning Feb 8, 2011 we will process applications on Tuesday and Thursdays between the hours of 8am-3pm.

3) Along with your completed application you must submit the following items:

   A) The Medical Statement that is included in this packet must be completed by your physician. Pedicab operators are excluded. SC D.O.T. cards will not be accepted.

   B) A certified 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, current phone numbers, and self address stamped envelope.

   **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 NO LONGER ACCEPT RECORD-CHECKS OBTAINED ON-LINE FROM THE SLED WEBSITE ***

   C) A certified 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. Online printouts will not be accepted.

   D) Present you’re current South Carolina Driver’s License. Your address on the application must match the current address on your current S.C. driver’s license. No Exceptions.

   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…) Company owners are required to submit their Insurance Binder or Business License, if applicable.

4) Incomplete Applications will not be accepted. Applications which are determined to be incomplete will be returned to the applicant.

NOTE THE FOLLOWING:

1) Fee for License: $20.00; there is a $30 fee if you will be driving for more than one company at the time of submitting your application.

2) There is a $20 late fee for renewals beginning February 8, 2011.

3) There is a $20 replacement fee for all lost/stolen/damaged cards or adding/changing companies after the application date.
CITY OF CHARLESTON
TAXI CAB / PEDICAB DRIVER’S PERMIT
MEDICAL STATEMENT

I _____________________________, (attending or hospital physician) examined

__________________________________ on this ____ day of _____________ 20__,

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 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.

_______________________________  Date
Patient Signature
APPLICATION
CITY of CHARLESTON
CHAUFFUER/TAXI CAB / PEDICAB LICENSE

Date of Application______________________

Driver's License No. _________________State ____Exp. Date _____________________

Last Name ____________________________First Name ___________________MI. ___

Race_______ 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)  Signed Medical Statement (Pedicab operators are excluded/SCDOT cards will not be accepted)
2)  Certified Criminal Background Check through SLED  (No Online Printouts)
3)  Certified Ten-Year Driving Record through SC DMV  (No Online Printouts)
4)  Proof of Employment/Company Owners:  Insurance Binder or City of Charleston Business
    License, if applicable
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__________

Administrative Support Services Office Use Only

□ Approved  □ Denied   By:______________ Date__________

Reason for Denial __________________________

Supervisor Signature required when denying an applicant. Make copies of all documents including the
Denial Sheet, place copies in the yellow folder located in ID.   Supervisor:______________
Sec. 31-122. Qualifications of applicant

Each applicant for a taxicab driver's permit and a chauffer’s license shall 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 or public car.

(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 furnishing 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 S.C. Department of Motor Vehicles.

(Code 1975, § 50-55)