CITY OF CHARLESTON
APPLICATION INSTRUCTIONS
CHAUFFEUR / TAXI CAB / PEDICAB LICENSE

1) Applications are available at the City of Charleston Police Department, Administrative Support Division, located at 180 Lockwood Boulevard. Applications are also available online by visiting the City of Charleston website at: www.charleston-sc.gov, select "Departments", then "Police Department" and then "Publications and Forms". 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 Department's Administrative Support Division between the hours of 8:00am and 3:00pm Monday through Friday. Licenses are valid for one year from the date of issuance. **Annual renewals must be completed on or before the license expiration date (a fee of twenty dollars will be assessed for late renewals).** In addition to your completed application you must submit the following documents and information:

   A) A signed medical statement certifying that you do not have a documented or known physical or mental disability that would prevent you from safely operating a vehicle and performing the normal duties of a driver. Pedicab operators are excluded. ***SC D.O.T. cards will not be accepted***.

   B) A **certified** copy of your criminal background through SLED (South Carolina Law Enforcement Division). This information is obtained **by *mailing*** the enclosed form, a $25.00 money order, certified/cashier's check or business check along with a self-addressed stamped envelope to:

   SLED Records Department
   P.O. Box 21398
   Columbia SC 29221-1398

NOTE: WE DO NOT ACCEPT RECORD-CHECKS OBTAINED ON-LINE FROM THE SLED WEBSITE.

   C) A **certified** copy of your ten-year driving record from the South Carolina Department of Motor Vehicles (SCDMV). Requests for this record can 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 your 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.***

3) Incomplete Applications will not be accepted. Applications deemed incomplete will be returned to the applicant.

LICENSE FEES

- Initial and Annual Renewal: $20.00
- Initial and Annual Renewal (driving for more than one company): $30.00
- Late renewal (renewing after expiration date on license): $20.00 (+ annual renewal)
- Replacement for lost/stolen/damaged cards or adding/changing companies: $20.00

CITY OF CHARLESTON
APPLICATION
CHAUFFEUR / TAXI CAB / PEDICAB LICENSE

Date of Application: _____

Driver's License #: _____ State: ____ Exp. Date: _____

Last Name: _____ First Name: _____ MI: ___

Race: _____ Sex: ____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone #: _____ Alternate Phone #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

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

1) Name: _____ Telephone #: _____

   Complete Address: _____

2) Name: _____ Telephone #: _____

   Complete Address: _____

3) Name: _____ Telephone #: _____

   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 SCDMV (No Online Printouts)**
4) **Proof of Employment (Drivers)/Current City of Charleston Business License and Insurance Binder (Owners).**
5) **Present your valid SC Driver's License (Clerk will make and attach a copy).**

I hereby submit this application for a City of Charleston Taxi Cab, Chauffeur or Pedicab license and attest that all of the above and attached information is true and accurate. I understand that any false or incomplete statements shall result in the denial of this application.

Applicant Signature: _____ Date: _____

Administrative Support Services Office Use Only

☐ Approved ☐ Denied By: _____ Date: _____

Reason for denial: _____ Supervisor Notified: _____

CITY OF CHARLESTON
MEDICAL STATEMENT
CHAUFFEUR / TAXI CAB / PEDICAB LICENSE

I, _____ (attending or hospital physician), examined _____ on this _____day of _____, 20_____ and I confirm that the examinee does not have any physical or mental disability that would prevent him / her from safely operating a vehicle and performing the normal duties of a driver.

Physician's Signature	Date
Address	Telephone #
City, State Zip	Fax #
Patient's 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, their affiliates and each of their representatives.

Patient's Signature	Date

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor

MARK A. KEEL
Chief

CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____

SSN _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

NAME OF CHARITABLE ORGANIZATION (if applicable): _____

CHARITABLE VERIFICATION ACCOUNT # (if applicable): _____

PLEASE NOTE:

The fee is twenty-five dollars ($25) unless you are a charitable organization approved for a fee of eight dollars ($8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. PERSONAL CHECKS WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. *Please enclose a self addressed stamped envelope for the return of your record check.

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

(CJ-022) 5/11/11

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7588