



## **OPERATING PERMIT CHECKLIST**

- **Completion of application**
- **Initial Operating Permit Fee - \$100.00**
- **Current Criminal History (Certified)**
- **Asset/ Liability Statement (For Taxicab Applicants Only)**
- **Inspection Fee - \$50.00 (per vehicle)**
- **Vehicle Insurance Certification**
- **Copy of Title or Registration Card**

**At the time the vehicle is first placed in service, it shall not be of an age greater than ten (10) model years. The age of any passenger vehicle for hire shall not be greater than fifteen (15) model years. The following types of vehicles for hire defined in Section 50-81 are exempt from this subsection: limousines, limousine sedans, para transits and unique vehicles.**



**APPLICATION PROCESS**

**FOR**

**PASSENGER VEHICLE FOR HIRE (PVFH) OPERATOR PERMIT**

**IN THE**

**CITY OF DURHAM**

**APPLICATION WILL NOT BE CONSIDERED IF  
NOT COMPLETED IN FULL**

City of Durham  
GoDurham Transit Administration Building  
1907 Fay Street  
Durham, North Carolina 27704  
(919) 560-4366 ext. 36414



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(To Be Attached by Applicant – If a Corporation or Association, histories of officers  
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**CITY OF DURHAM**  
**PASSENGER VEHICLE OPERATOR**  
**APPLICATION FORM**

**Date** \_\_\_\_\_

(Please print or type clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Numbers: Home \_\_\_\_\_

Work \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If applicant is a Corporation or Association, the court records of the officers, directors and supervising employees thereof, including general manager, must be furnished below.

\_\_\_\_\_

PMS Color Scheme Number: \_\_\_\_\_

Number of Permits Requested: \_\_\_\_\_

Type and age of equipment to be operated:

\_\_\_\_\_



**EXISTING PVFH COMPANY:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone  
Number(s): \_\_\_\_\_

Number of Permits Held (in operation): \_\_\_\_\_

Number of Permits Requested: \_\_\_\_\_

I, certify that the information supplied by me on this application is true and accurate.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



CITY OF DURHAM  
PVFH OPERATOR'S PERMIT PROCESS

BUSINESS HISTORY

This form must be attached to the submitted application. Please answer the following questions concerning the business history of your company, new or existing:

**NEW PVFH COMPANY:**

Proposed Company Name:

\_\_\_\_\_

What will the structure of the company be (partnership, individual owner, corporation, etc.)

\_\_\_\_\_

Identify all partners or officers in the company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was the company founded/formed/incorporated? \_\_\_\_\_

\_\_\_\_\_

What expenses will be covered by the company? \_\_\_\_\_

\_\_\_\_\_

What expenses will be covered by the driver? \_\_\_\_\_

\_\_\_\_\_

What will be the company's philosophy on customer service? \_\_\_\_\_

\_\_\_\_\_

How will the company handle customer complaints? \_\_\_\_\_



**EXISTING PVFH COMPANY:**

Name of Company: \_\_\_\_\_

Has the company name ever changed? \_\_\_\_\_

If so, list previous name \_\_\_\_\_

Why did the company name change? \_\_\_\_\_

\_\_\_\_\_

What is the structure of the company (partnership, individual owner, corporation, etc.)?

\_\_\_\_\_

Identify all partners or officers in the company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was the company founded/formed/incorporated? \_\_\_\_\_

What expenses are covered by the company? \_\_\_\_\_

\_\_\_\_\_

What expenses are covered by the driver? \_\_\_\_\_

\_\_\_\_\_

What is the company's philosophy on customer service? \_\_\_\_\_

\_\_\_\_\_

How does the company handle customer complaints? \_\_\_\_\_









## Indemnity Agreement: Operator’s Permit Applicant

I, \_\_\_\_\_, applicant for an operator’s permit agree with the provisions set forth in Sections 50-122 (1) and (2) of the Passenger Vehicle for Hire, Chapter 50 of the Durham City Code which is restated below:

- (a) If the City issues an operator’s permit, the applicant shall to the maximum extent allowed by law, defend, indemnify, and save harmless Indemnitees from and against all Charges to the extent a Charge arises in any manner from, in connection with, or out of the Indemnitees alleged involvement with the establishment, supervision, management or operation of or control over a fund referred to in Section 50-352 of the City Code. In performing the duty to defend under the preceding sentence, the applicant shall at the applicant’s sole expense defend Indemnitees with legal counsel reasonable acceptable to the City. However this section shall not require the applicant to defend, indemnify, or save harmless an Indemnitee to the extent the negligence or wrongful act of the Indemnitee was the direct and proximate cause of the Charge. This section shall remain in force regardless of whether the operator’s permit remains in force.
  
- (b) Definitions. As used in this Section – “Charges” denote claims, judgments, costs, damages, losses, demands, liabilities, obligations, fines, penalties, settlements, and expenses. Included without limitation within “Charges” are interest and reasonable attorney’s fees assessed as part of any such item. “Indemnitees” denote the City; the officers of the City, officials, agents and employees; the Passenger Vehicle for Hire Commission and members of the Commission.

\_\_\_\_\_

Date Signature of Applicant

### APPLICANT ACKNOWLEDGEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

I, a notary public in and for the aforesaid county and state, certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the execution of the foregoing agreement with the City of Durham. This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public





**APPLICATION WILL NOT BE CONSIDERED IF NOT COMPLETED IN  
FULL  
CITY OF DURHAM  
PVFH OPERATOR'S PERMIT PROCESS**

**SCREENING FORM**

The Screening Form will be used to identify those applicants who meet the minimum qualifications for providing PVFH service in the City of Durham. The Screening Form must be completed in full by all applicants. Upon review, all applicants will be notified.

APPLICANT'S NAME: \_\_\_\_\_

**BACKGROUND:**

Have you ever been denied a permit to operate a PVFH in Durham? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you had an operator's permit revoked or transferred within the past two (2) years?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been convicted of any crimes listed below (not traffic related)?

Sex offenses Yes\_\_\_\_\_ No\_\_\_\_\_

Felonious drug offenses Yes\_\_\_\_\_ No\_\_\_\_\_

Prostitution Yes\_\_\_\_\_ No\_\_\_\_\_

Felonies involving violence or attempted violence Yes\_\_\_\_\_ No\_\_\_\_\_

Felonious Illegal Gambling Yes\_\_\_\_\_ No\_\_\_\_\_

If you answer yes to any of the above items, explain when and where.

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Has it ever been determined that you or any of your drivers were in violation of the Passenger Vehicle for Hire Ordinance of the Durham City Code? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, list the violation(s) and date(s): \_\_\_\_\_

**OPERATIONS:**

COMPANY NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_

Address of depot or terminal on private property to be provided by you or through affiliation with other owners: \_\_\_\_\_

Can you provide passenger vehicle for hire service twenty-four (24) hours a day, seven (7) days a week as an individual owner or through affiliation with other owners? Yes\_\_\_\_\_ No\_\_\_\_\_

Can you provide adequate supervision of passenger vehicle for hire drivers operating under your operating permit(s)? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you placed your business telephone number in the Durham telephone directory? Yes\_\_\_\_\_ No\_\_\_\_\_

If no, and the City issues you an Operator's permit will you agree to place your business telephone in the next Durham telephone directory? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you assure that each PVFH operating under your permit will be kept clean and in good mechanical and physical condition at all times in accordance with established standards? Yes\_\_\_\_\_ No\_\_\_\_\_

I certify that the information supplied by me on this Screening Form is true and accurate.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_ Approved \_\_\_\_\_ Denied By: \_\_\_\_\_ Date \_\_\_\_\_