

**CITY OF KNOXVILLE**  
**APPLICATION FOR CERTIFICATE OF PUBLIC**  
**CONVENIENCE AND NECESSITY**

\_\_\_\_\_, 20\_\_\_\_  
(Date)

(To be filed with the **Taxi Inspector**, Knoxville Police Department – Public Safety Building, 800 Howard Baker Jr. Avenue, Knoxville, Tennessee 37915)

Name of Company \_\_\_\_\_ **Business Telephone Number** \_\_\_\_\_

Company Address \_\_\_\_\_  
No. Street Address  
\_\_\_\_\_  
City State Zip

Are you an individual owner? YES NO

Are you a partnership? YES NO If yes, what type of partnership \_\_\_\_\_

Are you a corporation? YES NO If yes, what type of corporation \_\_\_\_\_

**\*\*If the company is a corporation, LLC, limited partnership or a limited liability partnership provide a copy of the Corporate Charter, the business ID number or tax account number issued by the State of Tennessee.\*\***

**Fill in all information below concerning owners, president, partners, officers: Use Additional Sheets if necessary**

NAME TITLE ADDRESS  
1. \_\_\_\_\_

SOCIAL SECURITY NO BIRTH DATE  
NAME TITLE ADDRESS  
2. \_\_\_\_\_

SOCIAL SECURITY NO BIRTH DATE  
NAME TITLE ADDRESS  
3. \_\_\_\_\_

SOCIAL SECURITY NO BIRTH DATE  
\_\_\_\_\_

Do you or any members of your company have any past or present financial judgements charged against you? If so, give name(s), nature, amount(s), and status of the transaction(s). (Use Additional Sheets If Necessary)







**Answer and provide information below if applicable**

1. Is your service available 24 hours a day? **YES NO** If not, list the hours and days your service is available. \_\_\_\_\_
  
2. What type of communication equipment does your company use to dispatch calls and what communication equipment is used in the vehicle(s). \_\_\_\_\_  
\_\_\_\_\_
  
3. I understand all advertisement must be in the company name, which is listed on the certificate of public convenience and necessity. **YES NO** (Advertisement shall include but not limited to, any flyer, business card, newspaper, radio or telephone listing)
  
4. I understand the taxi inspector must be notified, in writing, prior to any change in either the certificate holder's business address or phone number. **YES NO**
  
5. I understand the monthly driver report must be submitted to the taxi inspector by the fifth 5<sup>th</sup> of each month. **YES NO**
  
6. List the company or person who calibrates and repairs your taximeters and their contact information:  
Company or person: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
List your experience using this company or person and any qualifications to your knowledge they have to calibrate taximeters. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. I understand, if a vehicle is involved in an accident, it is the certificate holder's responsibility to notify the taxi inspector within twenty-four (24) hours of the accident and if the vehicle is damaged in the accident, whether or not an accident report was filed by a law enforcement agency, the vehicle shall be taken out of service immediately and must be inspected by the taxi inspector before it is operated as a vehicle for-hire again. **YES NO**
  
8. I understand it is unlawful to permit any person to operate a vehicle for-hire within the City of Knoxville jurisdiction, without first obtaining a certificate of convenience and necessity from the Knoxville Police Department. **YES NO**
  
9. I understand it is unlawful to permit any person to drive a vehicle for-hire within the City of Knoxville jurisdiction, unless such driver has a valid vehicle for-hire driver permit issued by the Knoxville Police Department. **YES NO**
  
10. I understand Tennessee law and local ordinances regulating vehicles for-hire within the City of Knoxville jurisdiction. **YES NO**
  
11. I have been provided a copy of the Knoxville Police Department's rules and regulations for Transporting the Public. **YES NO**

I, \_\_\_\_\_, do solemnly swear or affirm, that the foregoing statements contained in this application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant(s))

**(Application must be notarized before submitting)**

Subscribed to and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_, 20 \_\_\_\_\_

**DO NOT WRITE BELOW  
OFFICIAL USE ONLY**

**Date application was received:** \_\_\_\_\_, 20 \_\_\_\_\_

Approved . \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Taxi Inspector Date \_\_\_\_\_, 20 \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
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