

POLICE DEPARTMENT
CITY OF BEAUFORT
PO. BOX 898
BEAUFORT, S.C. 29902



City of Beaufort
Application for Annual Taxi / Limousine Permit

Date _____

Complete the information by printing the information requested.

Name of Company or Firm

Name of Insurance Carrier, Policy Number and Expiration Date of Policy

S.C. Motor Vehicle License Number and Date of Expiration

S.C. Public Service Commission License Number

Year, Make, Model, Color and Description of Vehicle

Vehicle Identification Number (VIN)

Fleet Number if Required

I certify that the information furnished on this application is true and correct to the best of my knowledge.

(Signature of Applicant)

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Beaufort Police Department Taxi / Limousine Inspection Form

The vehicle described on the reverse has been inspected by the Beaufort Police Department for compliance with applicable city ordinances. The inspecting officer may disapprove this application if the following items are not checked.

Check List

S.C. License & Expiration Date: _____ Fleet Numbers: _____

S.C. PSC License Number: _____ Cleanliness: _____

Owner / Operator Signs: _____ Sanitary: _____

PSC Rate Schedule: _____ Good Repair / Mechanical: _____

Air Conditioning: _____

Passed: _____

Failed: _____ Reason for Failure: _____

Inspected by: _____

Date: _____

City Taxi Permit Sticker _____ was affixed to the back glass of the above vehicle by:

(Inspecting Officer's Signature) on _____ 2 _____
(Date)