



CITY- COUNTY TAX COLLECTOR
 P.O. BOX 32728
 CHARLOTTE NC 28232-2728
 311 or (704) 336-7600
<http://tax.charmeck.org>

TAXICAB LICENSE APPLICATION

Account Number _____

Filing Information

- Please complete the entire application. If a section does not apply, write 'not applicable' or 'N/A'. If corrections need to be made, make changes where necessary.
- Taxicab license renewal is annual and effective January 1 through December 31.
- Taxicab license renewals are due on or before January 1st of every year. The license fee is fifteen dollars (\$15.00) per taxicab, per year.
- Remittance should be made by check or money order and payable to the City-County Tax Collector.
- If the individual shown on the application is no longer with the taxicab company, please state so on the application and return to the Business Tax Collection office.
- Mailing address:
 City County Tax Collector
 Business Tax Collection Division
 P.O. Box 32728
 Charlotte, NC 28232-2728
- Contact information – Visit <http://tax.charmeck.org>, email us at TaxBusiness@MecklenburgCountyNC.gov or call the CharMeck 311 Call Center by dialing 311 if calling within Mecklenburg County and (704) 336-7600 for all calls originating outside of Mecklenburg County.
- To pay online, please visit <http://paytax.charmeck.org>.

Penalties

- If the application is filed after the due date, add a penalty for the City and/or County of five percent (5%) of the amount prescribed for that license per month, or any fraction thereof until paid, not to exceed twenty-five percent (25%) of the amount prescribed, but in any event shall not be less than five dollars (\$5.00).
- When a check is returned due to insufficient funds or nonexistence of an account, a penalty is applied of \$1.00 or ten percent (10%) of the amount of the check, whichever is greater, subject to a maximum of \$1,000.00 per North Carolina General Statute (NCGS) 105-236(a)(1).

Policies and Procedures

- All license taxes imposed on businesses shall be paid prior to the beginning of such business. License will be mailed upon the receipt of payment and when applicable approval from the appropriate City or County has been obtained.
- Taxicab Licenses are not transferable. If you obtain a new taxicab number from the taxicab company, multiple licenses may be required.
- Failure to pay may result in garnishment or levy after the interest date.
- Special Ordinance – The Taxicab Company will become responsible for tax if delinquent after January 31st in addition to the city tag of thirty dollars (\$30.00).
- N.C.G.S. 105-366 (d)(1)(a) requires notification to the assessors and tax collectors at least forty-eight (48) hours prior to the date of the pending sale, transfer, or termination of business.
- Social Security/Federal Identification Number: Disclosure of your Social Security (SSN)/Federal Identification number (FIN) is optional under 42 U.S.C. 405(c)(2)(C)(i). Your SSN/FIN will be used to verify your identity. It may also be used to facilitate collection of business taxes if such taxes become delinquent. For collection purposes, your SSN/FIN may be disclosed to: (i) a bank or an employer to attach bank accounts or garnish wages; (ii) to other local governments and other departments of this local government to facilitate the collection of taxes and other obligations owed to those governments and departments; (iii) to the state to claim payment from any state income tax refund that might otherwise be owed to you.

Please check any of the following regarding changes to this account and attach an explanation.

<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Telephone Number	<input type="checkbox"/> Business Address	<input type="checkbox"/> Out of Business Date ____ / ____ / ____
<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Trade Name	<input type="checkbox"/> Business Sold Date ____ / ____ / ____	<input type="checkbox"/> Zoning Approval (if business address changed)

Rev001_04/08



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Account Number _____

2016-2016 Taxicab License Application

Please carefully read the instructions printed on the front before completing this application.

SECTION 1			
<input type="checkbox"/> New License		<input type="checkbox"/> License Renewal	
<input type="checkbox"/> Business Closed/Sold - Date ___/___/___ (attach documentation i.e., Bill of Sale)			
Application Date: ___/___/___		Start Date of Your Business Activity: _____	
Business Ownership Type: <input type="checkbox"/> Corporation (including LLC's and S Corps) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership			
Corporation/Business Name: _____			<input type="checkbox"/> Change
Owner's Name:	First	M.I.	Last
Doing Business As/Trade Name: _____			<input type="checkbox"/> Change
Business Description: _____			
Business Location - include suite/apartment #, city, state & zip code. (Do not use P.O. Box #)			<input type="checkbox"/> Change
Enter Business Location Change: _____			
Social Security Number (optional): _____		Federal Tax Identification Number (optional): _____	
Mailing Address: _____			<input type="checkbox"/> Change
Home Telephone: _____	Business Telephone: _____	Fax Telephone: _____	Cellular Number: _____
Email Address: _____			

SECTION 2		
Classification Code	Class Name	City Tax (Column 1)

Parent Company: _____	Taxicab#: _____	Subtotal	\$ _____
Year: _____	Make & Model: _____		
Penalties/Additional Tax due \$5.00 minimum the first month or 5% of total, whichever is greater than 5% per month, with a maximum of 25%.			\$ _____
Total due (Make check payable to City-County Tax Collector)		Return on or before January 1	\$ _____

Certification: I hereby certify that I have examined this application. To the best of my knowledge and belief, this is a true and complete application submitted in good faith covering the year specified. This application is in accordance with the records of the reporting taxpayer.

Signature: _____ Title: _____ Date: _____
 (official or designated representative)

Print Name: _____