

## **City of Winston-Salem Department of Transportation**

Suite 307, Stuart Municipal Building, 100 E. First Street, Winston-Salem, North Carolina RENEWAL OF CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR THE OPERATION OF TAXICABS AND LIMOUSINES IN THE CITY OF WINSTON-SALEM, NORTH CAROLINA

As required by Chapter 78 of the Winston-Salem City Code, the undersigned hereby makes application for renewal of Certificate of Public Convenience and Necessity for:  and for that purpose hereby certifies that the information required by Chapter 78 of the City Code, and provided in the original application, is true and correct with following changes: (List changes or state None.)  Signature of Applicant  Date  Date Received in Department of Transportation's Office:	ТОТ	HE CITY COUNCIL OF THE CITY OF WINSTON-SALEM:
and for that purpose hereby certifies that the information required by Chapter 78 of the City Code, and provided in the original application, is true and correct with following changes: (List changes or state None.)  Signature of Applicant  Date	As required by Chapter 78 of	of the Winston-Salem City Code, the undersigned hereby makes application for
in the original application, is true and correct with following changes: (List changes or state None.)  Signature of Applicant  Date	renewal of Certificate of Pul	blic Convenience and Necessity for:
in the original application, is true and correct with following changes: (List changes or state None.)  Signature of Applicant  Date		
Signature of Applicant  Date	and for that purpose hereby	certifies that the information required by Chapter 78 of the City Code, and provided
	in the original application, is	s true and correct with following changes: (List changes or state None.)
		Signature of Applicant
Date Received in Department of Transportation's Office:		Date
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## **City of Winston-Salem Department of Transportation**

Suite 307, Stuart Municipal Building, 100 E. First Street

# TAXI CAB FINANCIAL STATEMENT SUBMITTED TO THE CITY OF WINSTON-SALEM, NORTH CAROLINA

Name	Occupation	
Address	State	Zip
ASSETS		LIABILITIES
Cash \$		
Bank accounts	(Schedule Notes & Acco	C) \$unts due others
Bank accounts		
Notes & Accounts due me	Unpaid taxes (	City & County
Cash value of Life Ins.	-	State Sederal
Stock & bonds (Schedule B)		
Autos		
Real estate (Schedule A)	Real estate mor assessments (Sc	
Other assets (Itemize)	TOTAL LIABII	LITES
	TOTAL NET W	ORTH
TOTAL \$	T	OTAL \$
My total CONTINGENT LIABILITY as	s endorser, guarantor, partner and	d otherwise does not exceed \$
My <b>EARNED INCOME</b> (salary, comr	missions, fees, etc.) for 20v	was \$
OTHER INCOME from	for 20v	was \$
	Deduct TAXES NET INCOME	
I warrant that there are no judgments against pending against me in any court, that no ass and complete and is offered for the purpose Salem, North Carolina.	sets are pledged in any manner not s	shown herein, and that this statement is true
Signature	Signature	
Date	Date .	

#### PLEASE COMPLETE SCHEDULES BELOW

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## FINANCIAL STATEMENT SUBMITTED TO THE CITY OF WINSTON-SALEM, NORTH CAROLINA

Size of Land	Type of Building Location	Mortgages & Assessments	Payable		Tax Value	Market Value
			\$		\$	per
\$	\$					
	Φ.		\$		\$	per
<b>&gt;</b>	_ <b>5</b>					
<u> </u>	\$		\$		\$	per
Total FIDE	INSURANCE \$	¢		¢	¢	
	eal estate is in my nai					
Name of Issu	uer and Type of Securi	ty	No. of Shares		Marke Value (Per Sh	
Name of Issu		ty	Shares	\$ _ \$ _ \$ _	Value (Per Sh	e Marke value
			Shares	\$\$ \$ \$\$ \$	Value (Per Sh	e Marke value
All securities		ly, and are in my po	Shares  Ossession exce	\$ _ \$ _ \$ _ ept as she	Value (Per Sh	* Marke value
All securities	s listed are mine sole E C – DEBTS PAYAI	ly, and are in my po	Shares  Ossession exce	\$ _ \$ _ \$ _ ept as she	Value (Per Sh	e Marke value
All securities	s listed are mine sole E C – DEBTS PAYAI	ly, and are in my po BLE TO BANKS A	Shares  OSSESSION EXCE	\$\$\$\$\$\$\$\$	Value (Per Sh	Marke are) Value  \$ \$  \$ \$  tal \$  Unpaid

	\$ per \$ per \$
	FAL PAYABLE TO BANK \$
PAYABLE TO OTHERS	
	\$ \$
	\$ \$
	\$per\$
Loans on Cash Value of Life Insurance	\$
TOTAL NOTES AND ACCOUNTS DUE OTHE	CRS (All amounts over \$100) \$

print, complete and submit form to:	Department of Transportation, City of Winston-Salem
	P.O. Box 2511
	Winston-Salem, NC 27102-2511
	Office (336) 747-6875 Fax: (336)748-3370

## What happens next?

The Department of Transportation will review the application and submit to City Council for consideration. Expect three (3) to four (4) months for the process to be completed. If you have any questions, please call (336)747-6875.