

City of Deadwood  
100 Sherman Street  
Deadwood, SD 57732

Phone: (605) 578-2623  
Fax: (605) 578-1059



## TAXI CAB PERMIT APPLICANTS

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All Taxi Cab businesses, owners, managers, and drivers are required to read and sign this document.

- All Taxi Cab Drivers must complete a Taxi Cab Application along with the \$25.00 fee and return to the Deadwood Police Department prior to operating a taxi cab.
- All Taxi Cabs must display the Deadwood Taxi Cab license in a conspicuous location at all times when operating within the City of Deadwood.
- Any changes in name, address, or phone numbers require applicants to notify the Deadwood Police Department within 5 days.
- Employees no longer employed or terminated are required to turn in ID cards within 5 days. This can be done in person or by mail.
- ID cards are the property of the Deadwood Police Department and are only to be used while employed at the business identified on the card.
- Businesses, Owners, and Managers, you have 5 days to notify the Department of any employee that no longer works for you.

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**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS TO THE BEST OF MY KNOWLEDGE AND FULLY UNDERSTAND THE DEADWOOD CODIFIED ORDINANCES DEALING WITH TAXIS IN THE CITY OF DEADWOOD.**

Signature: \_\_\_\_\_

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

Taxi Company Name: \_\_\_\_\_

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### APPLICATION FOR TAXI CAB DRIVER-\$25.00

Last Name: _____	First: _____	Middle: _____
Driver's License Number: _____	State: _____	Exp. Date: _____
Address: _____	City: _____	ST: _____ ZIP: _____
Home No.: _____	Cell No.: _____	
DOB: _____	<input type="checkbox"/> M <input type="checkbox"/> F	HT: _____ WT: _____ Hair Color: _____ Eye Color: _____

I am aware of, and was given a copy of the City of Deadwood Taxi Regulations by: \_\_\_\_\_  
Name of company owner/manager

Intended Employer (Name of Business): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Has any driver license issued to you by a state or governmental agency ever been revoked?  Yes  No

If you answered yes to the question above, please explain: \_\_\_\_\_

1.	Are you at least eighteen (18) years of age and have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you of good health and free from any infirmity that would affect your ability to properly drive a taxicab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been convicted of a felony, as defined by State law, within five (5) years of the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you been convicted of three or more moving traffic violations within ninety (90) days from the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you been convicted of driving a motor vehicle while under the influence of an alcoholic beverage within five (5) years from the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you been convicted of using any controlled drug or substance within five (5) years from the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you been convicted of any charge of possession of marijuana or any controlled drug or substance or possession with intent to distribute marijuana or any controlled drug or substance within ten (10) years from the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.**

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Taxi Company Verification: \_\_\_\_\_  
Signature of Manager Printed Name