



Chief
Gary Britt

KILL DEVIL HILLS POLICE DEPARTMENT

Post Office Box 1605, 102 Town Hall Drive
Kill Devil Hills, North Carolina 27948
252-449-5337
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Memorandum

Date: March 29, 2024

To: Members of the Kill Devil Hills Board of Commissioners

From: Chief Britt
Assistant Chief Harris

Re: Application for Certification of Taxicab Operation: **Lady Jane Taxi** (formerly known as Lady Jane D Taxi)
Owned by **Jonathan Jones and Malissa Gamiel** (formerly owned by Jane A. Martins)

Lady Jane D Taxi was sold to **Jonathan Jones and Malissa Gamiel** and renamed **Lady Jane Taxi**.

Upon receiving **Lady Jane Taxi's** application, an investigation was conducted to establish that all of the statutory requirements had been met, as well as to determine if there were any disqualifying factors that would prevent the issuance of the requested permit. The following actions were taken to reach this determination.

- ✓ Review of application forms to include the certificate application, the disclosure of the driver's form, and the certificate of operator's equipment form.
- ✓ Review of insurance certificate; confirmation of policy number and effective dates through the division of Motor Vehicles.
- ✓ A record check of **Jonathan Jones' and Malissa Gamiel's** North Carolina History was conducted. Both driver's licenses are active and there were no disqualifying driving offenses reported.
- ✓ State and local Criminal History record checks were completed based on the information obtained from **Jonathan Jones' and Malissa Gamiel's** North Carolina Driver's licenses. No disqualifying criminal history information was identified. This check also indicated no outstanding warrants in the National Crime Information Center records.
- ✓ A visual inspection was made of the **2010 Honda Odyssey (TC-1495), 2012 Honda Odyssey (TC-1497), 2013 Honda Odyssey (TC-1496) and the 2012 Honda Odyssey (TC-1494)**, which were the vehicles listed on the Operator's Equipment Form. They met the criteria on the Taxi Cab Inspection checklist.

After reviewing all of the information gathered in this application process, I have found that **Jonathan Jones and Malissa Gamiel** have met the applicable statutory requirements for the issuance of a Certificate of Taxicab Operation.

§ 115.21 BOARD OF COMMISSIONERS REVIEW OF APPLICATION; PUBLIC HEARING.

Each application for a certificate shall be scheduled for review by the Board of Commissioners and a public hearing, if the Board determines that such hearing is necessary. Such review shall be conducted at the next regular meeting of the Board of Commissioners, subject to meeting agenda preparation constraints, after such application is filed with the Chief of Police or his designee. The applicant shall be notified by the Town Clerk by mail, at the business address set forth in the application, of the date and time of such meeting; such notification to be mailed or delivered at least seven days before the date set for the meeting.

(Ord. 93-14, passed 12-13-93)



TOWN OF KILL DEVIL HILLS

APPLICATION FOR CERTIFICATE OF TAXICAB OPERATION

DATE: 2-9-2024

COMPANY NAME: Lady Jane Taxi

COMPANY ADDRESS: 326 Tern Ct, Kill Devil Hills 27948

EMAIL: misfitisland23@gmail.com

ALL COMPANY TELEPHONE NUMBERS: 252-256-2276

NAMES OF OWNERS/PARTNERS, TITLE, ADDRESSES AND TELEPHONE NUMBERS:

Jonathan Jones, Owner, 326 Tern Ct, KDH 27948 252-256-2276
Malissa Gamiel, Owner, 135 Nautical Ln, Currituck 27929 252-256-2276

DESCRIBE YOUR PAST EXPERIENCE AS OWNER/OPERATOR IN THE TAXICAB BUSINESS:

Jonathan Jones - Driving & Dispatch 3 1/2 yrs
Malissa Gamiel - Driving & Dispatch 5+ yrs

LIABILITY AND PROPERTY DAMAGE INSURANCE COMPANY, NAME, ADDRESS, AND POLICY NUMBER. PROVIDE A COPY OF CERTIFICATE OF COMPANY INSURANCE:

National General, Agency: TLC Insurance Inc, 3701 N Orontian Hwy, KH 27949 Policy # 2018728280

SCHEDULE OF RATES TO BE CHARGED:

\$ 2.70 per mile .45 per minute wait
\$ 3.50 pickup fee

NUMBER OF TAXICABS TO BE OPERATED: 4

OTHER INFORMATION:

I, Jonathan Jones, Malissa Gamel, owner/operator of the Lady Jane Taxi taxicab business, hereby verify that the information contained on this application is, to the best of my knowledge, accurate and current. I further verify that I have been provided with a copy of the Taxicab Ordinance, as adopted (and amended) by the Kill Devil Hills Board of Commissioners. I have read and understand the requirements of this ordinance and agree to notify the Police Department, Detective Division, of any charges as required by the ordinance.

Jonathan Jones Malissa Gamel
Signature

3/18/24
Date

FOR OFFICE USE ONLY

Presented to the Board of Commissioners on _____

Approved _____
Date

Denied _____
Date

Certificate of operation issued on _____

