



TAXI CAB PERMIT PROGRAM

TAXI OPERATOR'S PERMIT APPLICATION

Applicant Name: _____ **A.K.A:** _____

Business Address: _____ **City Business License #:** _____

Residence Address: _____

Daytime Phone #: _____ **Evening Phone #:** _____

Social Security #: _____ **Date of Birth:** _____

Driver's License #: _____ **State:** _____ **Expires:** _____

Has any taxi operator's permit ever been suspended or revoked whether under the applicant's current or previous name, or by any company, corporation, or any business entity in which the applicant had an ownership or management interest? Yes No

If yes, explain _____

Location of Private or Public Garage where vehicle will be stored (list address): _____

Number of vehicles operated _____ **Proposed Rate(s)** _____

Color scheme or characteristic insignia to be used to designate the vehicles of the operator _____

A Vehicle Permit Registration Form must be completed along with this form

I declare, under the penalty of perjury under the laws of California, that the foregoing is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

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Affix a picture or a graphic design of the vehicle's insignia

DO NOT WRITE IN THIS BOX – FOR OFFICIAL USE ONLY

Driver Permit Fee New:\$_____ Renewal:\$_____ Collected by _____ Date: _____

Background Check Fee: \$_____ Additional deposit required: \$_____

Collected by _____ Date: _____

Controlled Substances-Drug/Alcohol Certification

Certified By _____ Date: _____

Effective Date: _____ Expires:_____ _____ New _____ Renewal

Comments: _____