



PALMDALE

a place to call home

AMBULANCE COMPANY PERMIT APPLICATION

Ambulance Company Name: _____

Business Address: _____

Business Telephone number: _____

Legal Name of Applicant(s): _____

Home address: _____

Home telephone number: _____

California Driver's license number and expiration date: _____

Social security number: _____

If a corporation, please list the names and business addresses of all directors, officers, shareholders, partners, employees or other individuals who are financially interested in the proposed operation of the ambulance business or who are involved, or proposed to be involved, directly or indirectly, with the management of the business: _____

The number of ambulances for which a permit and license is desired to operate in Palmdale: _____

If the business is advertised to the public and operates under a name other than the name of the applicant, please list such other name: _____

The names, addresses and telephone numbers of at least two (2) individuals who may be contacted by the City in case of an emergency: _____

OTHER REQUIREMENTS:

1. A description of any and all judgments awarded against the applicant in all cases arising out of the applicant's operation of an ambulance service in any other jurisdiction;
2. The model, age, condition and patient capacity of each ambulance to be used in the operation of the ambulance business, and a description of the premises which are to serve as the base of operations;
3. The kind and amount of automobile liability, public liability, professional liability, worker's compensation, and other insurance carried by the ambulance operator;
4. The color scheme and insignia to be used to identify the applicant's ambulance;
5. The applicant's experience in transporting sick, convalescent or injured persons; and
6. The schedule of rates to be charged by the applicant.

CONDITIONS OF APPROVAL:

1. The applicant must be financially responsible and under efficient management;
2. The applicant is, under normal conditions, equipped to serve the public adequately;
3. The applicant has presented evidence sufficient to justify that the public health, safety, welfare and convenience warrant operation of the ambulance service within the specified operating area.
4. Insurance Requirements - Every applicant for an ambulance operator's permit shall obtain and maintain in full force and effect general liability insurance and comprehensive automobile liability insurance in conformance with Section 5.04.240. The liability coverage shall be in the amount of one million dollars (\$1,000,000.00).

I declare under penalties of perjury that this application is true and correct to the best of my knowledge and belief.

Signature	Title	Date
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OFFICE USE ONLY

Received: \$ _____ Date: _____

Receipt: # _____

Los Angeles County Sheriff's Department: _____

Signature	Date
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Director of Planning: _____

Signature	Date
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