



PALMDALE

a place to call home

TAXICAB BUSINESS PERMIT APPLICATION

Taxicab Company Name: _____

Business Address: _____

Business Telephone number: _____

Legal Name of Applicant: _____

(List any other name used by the applicant)

Home address: _____

Home telephone number: _____

California Driver's license number and expiration date: _____

Social security number: _____

The name and business address of all directors, officers, shareholders, partners, employees or other individuals who are financially interested in the proposed operation of the taxicab business or who are involved, or proposed to be involved, directly or indirectly, with the management of the business: _____

The number of vehicles for which a permit and license is desired: _____

Describe each vehicle, including the number assigned, the license plate number, vehicle identification number, model, make, year of manufacture and passenger seating capacity: _____

The make and type of taximeter intended to be installed in each taxicab: _____

The street number and exact location of each taxicab stand which the applicant proposes to use (if applicable): _____

The applicant's estimate of the need for service, supported by factual data demonstrating that public convenience and necessity require the granting of a permit:

Please submit with application the following:

1. The color scheme, name, monogram or other distinguishing insignia proposed to be used on each vehicle.
2. The proposed schedule of rates to be charged which shall not exceed that authorized in Section 5.40.320.
3. The estimate of the need for service, supported by factual data demonstrating that the public convenience and necessity require the granting of a permit.
4. A current financial statement of the applicant.
5. A letter stating the experience of the applicant in the transportation of passengers.

The applicant agrees to submit additional information as the City Council or the Director may require or deem necessary.

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

Signature of Applicant

Date

Checklist:

1. Photographs of each taxicab.
2. Copy of County of Los Angeles Weights and Measures Certificate of Inspection for each taxicab.
3. Copy of City of Palmdale Vehicle Inspection Report (Midas Inspection).
4. Copy of current registration for each taxicab.
5. Original Insurance Certificate listing the City of Palmdale as additional insured and listing each taxicab covered by VIN#.
6. Rate chart and map of territory.
7. Current financial statement of applicant.
8. Copy of Fictitious Name Filing/DBA or Articles of Incorporation.

Taxicab Drivers must obtain their own driver permit application and license.

OFFICE USE ONLY

Received: \$ _____ Date: _____

Receipt: # _____ By: _____

Approved () Denied ()

Los Angeles County Sheriff's Department: _____
Signature Date

Director of Planning: _____
Signature Date