



# PALMDALE

*a place to call home*

## TAXICAB DRIVER PERMIT APPLICATION

Legal Name of Applicant: \_\_\_\_\_

(List any other name used by the applicant)

Home address: \_\_\_\_\_

Home telephone number & Cell number: \_\_\_\_\_

California Driver's license number, date of birth and expiration date: \_\_\_\_\_

Social security number: \_\_\_\_\_

Taxicab Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone number: \_\_\_\_\_

Applicant's last two (2) previous addresses: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Applicant's business, occupation or employment for the three (3) years immediately preceding the application: \_\_\_\_\_

\_\_\_\_\_

The names of any other cities in which the applicant has been engaged as a taxicab driver within the past two (2) years; provided however, if the applicant has driven a taxicab in more than ten (10) other cities. The applicant may then list the ten (10) cities in which the most recent taxicab driving occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's date of birth, height, weight and color of eyes and hair: \_\_\_\_\_

Statement as to whether the applicant has ever been convicted of any crime, misdemeanor, or violation of any municipal, state or federal law, the nature of the offenses, and the punishment or penalty assessed therefore: \_\_\_\_\_

**Please submit:**

1. A current Department of Motor Vehicles printout.
2. LASD License Detail Personal Information form.
3. Livescan and photo will be taken at City of Palmdale's Human Resource Department.

The applicant agrees to furnish such other identification and information as the City Council or the Director may require.

**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 \_\_\_\_\_

**Taxicab Company Owner:** \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Receipt: # \_\_\_\_\_ By: \_\_\_\_\_

Approved ( ) Denied ( )

Los Angeles County Sheriff's Department: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Planning: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_