



Healdsburg Police Department
238 Center Street • Healdsburg, CA 95448
(707) 431-3377 • (707)431-3106 (fax)

Application for Taxicab Operator Permit

NAME: _____

CORPORATION PARTNERSHIP SOLE-PROPRIETORSHIP OTHER: _____

ADDRESS: _____
(STREET NAME) (CITY) (ZIP)

PHONE: (_____) _____ - _____ **CELL PHONE:** (_____) _____ - _____

FICIOUS NAME UNDER WHICH THE BUSINESS IS TO BE OPERATED:

BUSINESS ADDRESS: _____

ADDITIONAL PERSONS, PARTNERS OR OFFICERS OF CORPORATION:

<u>NAME</u>	<u>SOC SEC #</u>	<u>DOB</u>	<u>DRIVER'S LICENSE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MAKE, MODEL YEAR, LICENSE NUMBER, VIN, AND COMPANY ASSIGNED TAXICAB NUMBER OF VEHICLES PROPOSED TO BE OPERATED:

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>LICENSE NUMBER</u>	<u>VIN</u>	<u>TAXICAB NUMBER</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

THE COLOR, NAME, MONOGRAM OR INSIGNIA TO APPEAR ON VEHICLES:

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	1. Have you or any other person named in this application ever had any license, permit, or certificate denied, revoked or suspended by any public agency?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you or any other person named in this application ever been convicted of a crime or violation of city ordinance other than a minor parking or traffic offense?

PLEASE EXPLAIN ANY "YES" ANSWERS FROM ABOVE:

(PLEASE USE BACK IF ADDITIONAL ROOM IS NEEDED)

PLEASE PROVIDE A STATEMENT THAT YOU BELIEVE PROVES THAT PUBLIC CONVENIENCE AND NECESSITY REQUIRES THE GRANTING OF A PERMIT:

(PLEASE USE BACK IF ADDITIONAL ROOM IS NEEDED)

WHEN SUBMITTING THIS APPLICATION TO THE POLICE DEPARTMENT, PLEASE BE SURE TO:

1. Submit a complete schedule of fares or rates to be changed and services to be operated, which demonstrate compliance with existing fares and rates established by the City Council.
2. Application fee
3. Copies of required insurance policies or if not yet issued, a written statement from an insurer that such policies will be issued if the application is granted.

SIGNITURE: _____

DATE: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

BY: _____

FEE PAID: YES NO

RECEIPT #: _____

PERMIT ISSUED: YES NO

BY: _____

PERMIT NUMBER: _____

EXP. DATE: _____