

Application for Taxicab Business Permit

Date _____

Received By _____

Per Pleasanton Municipal Code Chapter 6.40, it is unlawful for any person to engage in the business of operating a taxicab in the City without obtaining a valid City of Pleasanton business license and a Pleasanton Police Department business permit.

Each person working in the capacity of a taxicab driver must also obtain a Police Department driver permit. A separate application must be filed for each employee.

The taxicab business applicant fee is **\$600**. The taxicab driver applicant fee is **\$150**. This fee is non-refundable. Payment shall be in the form of cash, cashier's check, money order, or personal check payable to the **City of Pleasanton**.

Fingerprints of each taxicab driver applicant must be forwarded to the Department of Justice for processing. A charge of **\$57** for this service is required in the form of **cash, cashier's check or money order** payable to the **City of Pleasanton** at the time of this service.

No permits will be issued until a background check, drug testing, drug consortium membership and fingerprint processing have been completed and fingerprint results have been received from the Department of Justice. No one shall work until the permit is issued and is in the possession of the applicant.

Taxicab Company Name _____

Taxicab Company Address _____

Taxicab Company Phone _____

(1) Business Owner Applicant Name _____ Sex _____
(Last, First Middle)

Nicknames (or other names you go by) _____

Home Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Hair color _____ Eye color _____

CA Driver's License # _____ Exp Date _____ Social Security # _____

Has your driver's license ever been revoked or suspended? Yes No

If yes, please explain why _____

If there are additional business owner(s):

(2) Business Owner Applicant Name _____ Sex _____
(Last, First Middle)

Nicknames (or other names you go by) _____

Home Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Hair color _____ Eye color _____

CA Driver's License # _____ Exp Date _____ Social Security # _____

Has your driver's license ever been revoked or suspended? Yes No

If yes, please explain why _____

(3) Business Owner Applicant Name _____ Sex _____
(Last, First Middle)

Nicknames (or other names you go by) _____

Home Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Hair color _____ Eye color _____

CA Driver's License # _____ Exp Date _____ Social Security # _____

Has your driver's license ever been revoked or suspended? Yes No

If yes, please explain why _____

Current taxicab rates are as follows:

Flag Drop - \$2.50
Mileage Rate - \$2.50
Standby - \$20

Proposed physical location in the City from which you will be operating:

List all other TAXI DRIVER AND TAXI OWNER permits issued in other cities/jurisdictions. Include permits applied for but denied and those permits issued but suspended or revoked:

List any taxicab businesses that you operated or managed in the last ten (10) years:

Business Name _____	Phone Number _____
Address _____	City _____ Zip _____
Business Name _____	Phone Number _____
Address _____	City _____ Zip _____
Business Name _____	Phone Number _____
Address _____	City _____ Zip _____
Business Name _____	Phone Number _____
Address _____	City _____ Zip _____

List your reasons why additional taxicab service is necessary. Provide factual data to show why the need exists.

Do you have any criminal charges pending against you, other than a traffic violation?

(circle) **Yes** **No**

If yes, describe below:

Offense: _____	Date of Offense: _____
Arresting Agency: _____	Court: _____
Court Address: _____	
Case Number: _____	Court Date: _____
Offense: _____	Date of Offense: _____
Arresting Agency: _____	Court: _____
Court Address: _____	
Case Number: _____	Court Date: _____
Offense: _____	Date of Offense: _____
Arresting Agency: _____	Court: _____
Court Address: _____	
Case Number: _____	Court Date: _____

I hereby declare, under penalty of perjury, that the foregoing is true and correct.

Signature _____ Date _____

TAXICAB INFORMATION

Number of taxicabs currently owned in other cities: _____

Number of taxicabs currently operated in other cities _____

Number of taxicabs to be operated in the City of Pleasanton: _____

You must provide copies of the following with your application for each taxicab to be operated within the City of Pleasanton:

1. Certificate of insurance for business and taxicabs as outlined in Municipal Code Section 6.40.060, which states”
2. Federal Communications Commission License to operate a base and mobile radio units, if applicable.
3. Current commercial registration for each taxicab
4. Current safety certificates (brake and lamp) for each taxicab from an approved certification site
5. Current taximeter certification for each taxicab from an approved certification site
6. Proof of current membership with an approved drug consortium for your company and for each driver

***** Complete one (1) FORM “A” for EACH taxicab to be operated within the City of Pleasanton *****

TAXICAB INFORMATION – FORM “A”

Vehicle #1:

Year _____ Make _____ Type _____

License # _____

Vehicle ID # (VIN) _____

Passenger Seating Capacity _____

Vehicle #2:

Year _____ Make _____ Type _____

License # _____

Vehicle ID # (VIN) _____

Passenger Seating Capacity _____

Vehicle #3:

Year _____ Make _____ Type _____

License # _____

Vehicle ID # (VIN) _____

Passenger Seating Capacity _____

Vehicle #4:

Year _____ Make _____ Type _____

License # _____

Vehicle ID # (VIN) _____

Passenger Seating Capacity _____

Vehicle #5:

Year _____ Make _____ Type _____

License # _____

Vehicle ID # (VIN) _____

Passenger Seating Capacity _____

Vehicle #6:

Year _____ Make _____ Type _____

License # _____

Vehicle ID # (VIN) _____

Passenger Seating Capacity _____

Describe your proposed color scheme, insignia and any other distinguishing characteristics of your taxicabs: _____

Type of taximeter being used in this taxicab: _____

Attach a photograph of each make and type of taxicab that will be driven in the City of Pleasanton. Use an additional paper if necessary.