



County of Stanislaus
Office of Treasurer/Tax Collector

Gordon B. Ford, Treasurer/Tax Collector
P.O. Box 859, Modesto, CA 95353-0859
Phone: 209-525-6388 Fax 209-525-7868

Fingerprint fees are in addition to permit fees. Call for an appt & estimate of LiveScan Fees.

Application for Taxicab Permit

New []
Renewal []

APPLICANT INFORMATION:

Name of Applicant: Last: _____ First: _____ Middle Initial: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Contact Phone Number: (____) _____ Alternate Phone Number: (____) _____
Driver's License Number: _____ State: _____ Expiration Date: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Date of Birth: _____ Male [] Female []

BUSINESS INFORMATION:

Business Name: _____ Business Phone Number: (____) _____
Business Address: _____ City: _____ State: _____ Zip: _____
Business Mailing Address: _____ City: _____ State: _____ Zip: _____
Number of vehicles to be operated under this permit: _____

FOR EACH VEHICLE, PLEASE LIST:

Cab #: _____ License #: _____ Year: _____ Make: _____ Model: _____
City Cert #: _____ Taximeter #: _____ Date Sealed: _____ Permit #: _____
Cab #: _____ License #: _____ Year: _____ Make: _____ Model: _____
City Cert #: _____ Taximeter #: _____ Date Sealed: _____ Permit #: _____
Cab #: _____ License #: _____ Year: _____ Make: _____ Model: _____
City Cert #: _____ Taximeter #: _____ Date Sealed: _____ Permit #: _____
Cab #: _____ License #: _____ Year: _____ Make: _____ Model: _____
City Cert #: _____ Taximeter #: _____ Date Sealed: _____ Permit #: _____

VEHICLE REGISTRATION INFORMATION:

Proof of evidence of legal and registered ownership of the vehicle(s) to be used by the applicant must be provided. Attach one (1) copy of each to this application.

FOR EACH VEHICLE: list the color scheme, insignia or other distinguishable characteristics of vehicle(s), including type of illuminated sign and legend thereon:

Four horizontal lines for listing vehicle characteristics.

INSURANCE INFORMATION:

Must provide evidence of public liability insurance of not less than \$500,000.00 aggregate per occurrence. Attach one (1) copy to this application.

INSURANCE WAIVER:

I have spoken to my insurance agent and I WILL be able to obtain insurance in the amount required by County Code upon the approval of my application. I understand the County will not issue my permit until I provide proof of insurance.

Signature: _____ Date: _____

BUSINESS/EMPLOYMENT HISTORY FOR PAST THREE (3) YEARS:

Business Name: _____ Address: _____

City: _____ State: _____ Zip: _____

From (Date): _____ To (Date): _____

Business Name: _____ Address: _____

City: _____ State: _____ Zip: _____

From (Date): _____ To (Date): _____

Business Name: _____ Address: _____

City: _____ State: _____ Zip: _____

From (Date): _____ To (Date): _____

Business Name: _____ Address: _____

City: _____ State: _____ Zip: _____

From (Date): _____ To (Date): _____

Business Name: _____ Address: _____

City: _____ State: _____ Zip: _____

From (Date): _____ To (Date): _____

PRIOR BUSINESS LICENSE HISTORY RELATING TO TAXICAB SERVICE:

License: _____

Business Name: _____ Address: _____

City: _____ State: _____

From (Date): _____ To (Date): _____

License: _____

Business Name: _____ Address: _____

City: _____ State: _____

From (Date): _____ To (Date): _____

License: _____

Business Name: _____ Address: _____

City: _____ State: _____

From (Date): _____ To (Date): _____

REVOCATIONS, CRIMINAL CONVICTIONS, SUSPENSIONS OR DENIALS:

(If you answer yes to any question, please attach a separate sheet with details.)

- 1. Have you ever had a taxicab service or taxicab driving permit, license or certificate denied, suspended or revoked by any public agency? Yes No
- 2. Have you had a felony conviction? Yes No

IS THIS A SOLE PROPRIETORSHIP?

Yes No

If no, please have each of the applicant's principal officers, directors and stockholders holding more than ten percent (10%) of stock (if a corporation), or partners (if a partnership), complete a separate application form.

IS THIS A CORPORATION?

Yes No

(If yes, attach one (1) copy of the Articles of Incorporation.)

I, the undersigned, hereby declare that I have carefully read the Section of the Stanislaus County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, building and safety, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license and/or prosecution.

_____ Date: _____
(Signature of Applicant)

Official Use Only

Office of Treasurer/Tax Collector

Initial Application Fee \$ _____ Date Received _____ Accepted By _____
 Receipt # _____ Issued By _____
 Date Received _____ Accepted By _____
 Receipt # _____ Issued By _____
 Date Received _____ Accepted By _____
 Receipt # _____ Issued By _____
 Date Sent to Sheriff's Department _____ New Renewal

Sheriff's Department Use Only

Recommendation Approved Denied Comments: _____
 Signature: _____ Title: _____ Date: _____
 Fingerprints Copy of Photo ID Liability Insurance Vehicle Registration/Ownership Information
 (Fingerprints on file must be dated May 2006 or later.)