



City of Santa Cruz Taxicab Owner's Permit Application/Renewal

Business Name: _____

Name of Owner: _____

Name of Business Partner(s): _____

Home Address: _____

Business Mailing Address: _____

Business Street Address: _____

Telephone Number: _____
(Business) (Cell/Home)

Insurance Company and Policy Number: _____

Will you also be a taxi operator? _____

Is your taxi radio equipped? _____

Number of vehicles to be licensed for your taxicab operation (number of permits requested; one permit per vehicle): _____

Where will your taxicabs be dispatched from? _____

Vehicle Information:

Year /Model	Make	Color	VIN	License Number	Length of time as a taxi

Description, including manufacturer's type, model, number, etc. of all equipment for use or proposed for use is required by Santa Cruz Municipal Code (SCMC) Section 5.16.040. A permit may be approved subject to a satisfactory vehicle inspection if the vehicle purchase has not been made at time of application.

SUPPLEMENTAL QUESTIONS

1. Describe applicant's training and experience in taxi service:

2. Describe why applicant believes public convenience and necessity require granting of permit(s):

3. List other jurisdictions where applicant operates:

4. Attach applicant's financial statement or business plan for the taxicab service to demonstrate resources, financing, and future plans.

5. Attach a list of drivers operating the owner's taxicabs.

Note: the foregoing list of questions is not comprehensive. Upon approval of a permit, the owner must satisfy additional information requirements, as detailed in SCMC Section 5.16.040.

Signature of Applicant

Date