



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

License Division, 9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062
(858) 974-2020

APPLICATION FOR TAXICAB COMPANY OPERATOR

FEE: NEW \$155.00 + \$147.00 per vehicle **
RENEW \$130.00 + \$147.00 per vehicle **
Fees are not refundable-

FILE #TC _____

Please contact the Sheriff's License Division for an Appointment to submit application

YOU MUST SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. Photo Identification
2. Proof of US Citizenship or Valid Alien Registration Card
3. Correct Fee (Check or Cash)
4. Copy of Insurance Certificate to reflect \$350,000 per occurrence and showing SDSO as certificate holder
5. Taximeter report (Inspection)
6. Fare rate schedule for each vehicle being licensed signed and approved by the Department of Weights and Measures
7. Completed Taxicab Inspection Form for each vehicle being licensed.
8. DMV vehicle registration for each vehicle applying
9. Zoning status _____ & Assessors Parcel Number _____ of business site
10. Proof of applicants ownership of premises, or written agreement signed by the owner permitting such use of premises
11. Business License
12. County Fictitious Name Filing

Other _____

BUSINESS NAME: _____ TELEPHONE NO. _____

STREET ADDRESS: _____

Number	Street	City	State	Zip
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PERMIT ADDRESS: _____

Number	Street	City	State	Zip
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BUSINESS WEB-SITE ADDRESS: _____

E-MAIL ADDRESS: _____

ARE YOU THE SOLE OWNER OF THIS BUSINESS? YES [] NO []

(If not, each partner/business associate must complete a Miscellaneous Information Form which is to be submitted with this application. (Forms attached))

AREA OF OPERATION: _____ NO. OF VEHICLES TO BE LICENSED: _____

COLOR OF VEHICLES: BODY: _____ ROOF: _____ FENDERS: _____

TRADEMARK/INSIGNIA: _____

LOCATION OF TRADEMARK/INSIGNIA: _____

SCHEDULE OF AUTHORIZED FARES: (Attach a copy to this application)

INITIAL FLAG DROP: _____ TRAVEL CHARGE PER MILE: _____ WAITING TIME PER HR: _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U. S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THOSE SECTIONS OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO THE OPERATION OF TAXICABS.

SIGNATURE _____

DATE

FOR USE OF SHERIFF INVESTIGATOR

APPROVED _____ DISAPPROVED _____
REASON _____
BY _____ DATE _____

FOR USE OF HEALTH DEPARTMENT

APPROVED _____ DISAPPROVED _____
REASON _____
BY _____ DATE _____

FOR USE OF FIRE DISTRICT

APPROVED _____ DISAPPROVED _____
REASON _____
BY _____ DATE _____
TITLE _____
FIRE PROTECTION DISTRICT _____

FOR USE OF DPLU

APPROVED _____ DISAPPROVED _____
REASON _____
BY _____ DATE _____
CODE SECTION: _____

ACCEPTED BY: _____
Initials Date