



SAN JOSE POLICE DEPARTMENT
 PERMITS UNIT
 HOURS OF OPERATION:
 TUE - FRI 8:30 am - 4:00 pm
All Fees are non -refundable



TAXI COMPANY APPLICATION

Original Application

Renewal Application

*****TO BE FILLED OUT BY EACH OWNER*****

This Taxi Company Application must be submitted with the following information attached:

- A current copy of the City of San Jose Business License.
- A copy of the insurance policy for the company and all vehicles verified by Risk Management Department. The City of San Jose must be listed as “additional insured”.
- A list of your company phone numbers dedicated to taxi service. One phone line per every eight vehicles.
- A list of contact phone numbers, (office, pager, cell, fax numbers) of all owners/managers.
- A current business financial sworn statement with profit/loss itemizations and balances.
- A list of all San Jose permitted drivers with date of birth, California Drivers License number and expiration date, SJPD driver permit number and expiration date.
- A copy of all vehicle registration cards for each San Jose permitted taxicab.
- A list of all San Jose permitted taxicabs, which includes:
 1. Year, make and model of vehicles;
 2. Company cab numbers;
 3. VIN numbers and license plate numbers;
 4. Current vehicle mileage for each taxicab.

DO NOT STAPLE ANY OF THESE DOCUMENTS TO THIS APPLICATION

TAXI COMPANY NAME _____

SECTION #1 - APPLICANT(S)

1. Last Name _____ First _____ Middle _____
2. Home Address _____ City _____ ST _____ Zip _____
3. Approved Government ID with Photo # _____ Exp. Date: _____
4. Social Security # _____
5. DOB _____ M F HT _____ WT _____ Hair Color _____ Eye Color _____
6. Have you ever been convicted of **ANY** crime? YES / NO Explain Below
7. Have you ever been convicted of any crime within the past five (5) years? YES / NO Explain Below
8. Have you every had a Permit/License of any kind denied, suspended, or revoked by any organization? YES / NO Explain Below

Explanation for Questions 6, 7, and 8: _____

CO-OWNER/PARTNER

1. Last Name _____ First _____ Middle _____
2. Home Address _____ City _____ ST _____ Zip _____
3. Approved Government ID with Photo # _____ Exp. Date: _____
4. Social Security # _____
5. DOB _____ M F HT _____ WT _____ Hair Color _____ Eye Color _____
6. Have you ever been convicted of **ANY** crime or received a criminal citation? YES / NO Explain Below
7. Have you ever been convicted of any crime within the past five (5) years? YES / NO Explain Below
8. Have you every had a Permit/License of any kind denied, suspended, or revoked by any organization?
 YES / NO Explain Below

Explanation for Questions 6, 7, and 8: _____

SECTION 2 – BUSINESS INFORMATION

1. Business Name (as shown on business license) _____
2. Address _____ City _____ Zip Code _____
3. Phone No _____ Fax No. _____ Cell _____
4. Parcel Number _____ Zoning of Property _____
5. Property Owners Name: _____
6. Property Owners Address: _____
7. List each person that has ownership interest in the company; if the company is a corporation, list the name and address of all board of directors, the name and address of the president and secretary. If company is a partnership, list names and address of all general and limited partners (attach separate sheet if necessary).

8. Daily Operations Managers: _____
9. List all experience in the operation of a taxi cab company _____

SECTION 3 – VEHICLE INFORMATION

1. Describe the vehicle color(s) and marking to be utilized on the taxis: _____

2. On the attached Vehicle Inventory sheet (page 5 of this form), give a complete description of each vehicle to be used. This list must contain the make, model, year, VIN number and license number of the vehicle. (A minimum of five vehicles is required.)
3. Supply a sworn statement by a state licensed mechanic that each vehicle has been inspected and is in safe operating condition. You must also supply a current smog, brake and lamp certificate on each vehicle from a state licensed facility and a current meter inspection receipt from the **County of Santa Clara**.

4. All vehicles must be licensed as commercial vehicles. The taxi company must be listed on the registration as the registered owner. A copy of the registration will be attached for each vehicle.
5. List the storage address of all vehicles not stored at the business location:

I HEREBY ACKNOWLEDGE THAT NO TAXICAB WILL BE ALLOWED TO OPERATE ON THE ROAD UNTIL SAID VEHICLE IS INSPECTED AND APPROVED BY THE SAN JOSE POLICE DEPARTMENT. I FURTHER ACKNOWLEDGE THAT AN “OUT OF SERVICE” SIGN WILL BE PLACE ON ALL VEHICLES NOT IN USE AS REQUIRED BY THE SAN JOSE MUNICIPAL CODE.

SIGNATURE

DATE

SECTION 4 – OPERATION

Complete a description of the proposed operation of the taxi company including: Location of dispatch facilities, location of radio transmitter/receiver, the location and FCC call letters of the dispatch facility, and how the business is to be operated. The number of telephone answering lines and location where such telephone answering lines will be answered.

SECTION 5 – FINANCIAL STATEMENT

Attach a sworn financial statement showing the names of all parties investing in the taxi company and/or all sources or proposed financing.

SECTION 6 – INSURANCE

A duplicate copy of the insurance policy as required by San Jose Municipal Code Section 6.64.450 must be supplied to the City’s Risk Management Department for approval. If the policy is contingent on the police approval of the company permit, a written statement of intent from the insurer that such insurance policies issued will be given to the Police Department.

I certify under penalty of perjury that the statements made on this application are to the best of my knowledge, true and correct. I also acknowledge that I have read and understand the City Taxi Cab Ordinance beginning with section 6.64.010 of the San Jose Municipal Code.

Signature _____

Date _____

DO NOT COMPLETE THE SECTION BELOW - FOR SJPD VERIFICATION USE ONLY

Business Lic. No _____ Exp. _____ Total Number of Cabs _____
CDL No. _____ Acct. No. _____
Citizenship _____ Company Phone Nos. _____
Insurance Policy No. _____ Exp. _____ Contact Nos. _____
Risk Management Verification _____ Taxicab Driver Information _____
Planning Zoning Confirmed _____ Taxicab Vehicle Information _____
Sent for Fingerprints: _____ Financial Statement _____
Permit Exp. Date: _____ Receipt No./Clerical: _____

SJPD APPROVAL:

DATE: _____

NAME _____

BADGE NO. _____

