

**County of San Bernardino
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



**APPLICATION FOR
TAXICAB SERVICE PERMIT/BUSINESS LICENSE**

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: _____		
Height: _____	Weight: _____	Hair Color: _____	Eye Color: _____

BUSINESS INFORMATION:			
Business Name: _____	Business Phone No.: () - _____		
Business Address: _____	City: _____	State: _____	Zip: _____
Business Mailing Address: _____	City: _____		Zip: _____
Number of vehicles to be operated under this permit: _____			

FOR EACH VEHICLE, PLEASE LIST:			
Vehicle Description/Make: _____	Model: _____	Year: _____	
Passenger Seating Capacity: _____	Manufacturer: _____		
Vehicle Description/Make: _____	Model: _____	Year: _____	
Passenger Seating Capacity: _____	Manufacturer: _____		
Vehicle Description/Make: _____	Model: _____	Year: _____	
Passenger Seating Capacity: _____	Manufacturer: _____		

FOR EACH VEHICLE, LIST COLOR SCHEME, INSIGNIA OR OTHER DISTINGUISHABLE CHARACTERISTICS OF VEHICLE(S), INCLUDING TYPE OF ILLUMINATED SIGN AND LEGEND THEREON:	

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): _____		



PRIOR BUSINESS LICENSE HISTORY RELATING TO TAXICAB SERVICE:

License: _____
 Business Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 From (Date): _____ To (Date): _____

License: _____
 Business Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 From (Date): _____ To (Date): _____

License: _____
 Business Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 From (Date): _____ To (Date): _____

INSURANCE INFORMATION:

Provide evidence of public liability insurance of not less than \$100,000 for each person killed or injured and not less than \$300,000 for injury or death of any two (2) or more persons in any one accident, and for damages to property of at least \$50,000 from any one (1) accident.

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: _____

VEHICLE REGISTRATION INFORMATION:

Proof of evidence of legal and registered ownership of the vehicle(s) to be used by the applicant must be provided.

REVOICATIONS, CRIMINAL CONVICTIONS, SUSPENSIONS OR DENIALS:

(If you answer yes to any question, please attach 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 a copy of the Articles of Incorporation.

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino 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.

Signature: _____ Date: _____

**Please return completed/signed form to: San Bernardino County Clerk of the Board,
 385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130.**



COUNTY USE ONLY – APPROVALS

Sheriff's Department Use Only (909) 888-5916

Recommendation: Approved Denied Comments: _____
Signature: _____ Title: _____ Date: _____

Board of Supervisors Use Only:

Recommendation: Approved Denied Comments: _____
Signature: _____ Title: _____ Date: _____

Clerk of the Board of Supervisors (909) 387-3841

Please Note: all fees can be found at www.sbcounty.gov/cob are non-refundable. Make checks payable to Clerk of the Board.

Initial Application Fee Date Received: _____ Accepted By: _____
Receipt # _____ Deputy Clerk of the Board of Supervisors

Initial License Fee Date Received: _____ Accepted By: _____
Receipt #: _____ Deputy Clerk of the Board of Supervisors

Renewal Fee Date Received: _____ Accepted By: _____
Receipt #: _____ Deputy Clerk of the Board of Supervisors

*Fingerprints Copy of Photo ID Liability Insurance Vehicle Registration/Ownership Information

*Fingerprints on file must be dated May 2006, or later.