SAN FERNANDO

CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY PERMIT (TAXICAB) APPLICATION A copy of applicant's valid driver's license must accompany application.											
1. APPLICANT INFORMATION NAME			HOME TELEPI			IONE NO					
ADDRESS	СІТҮ	STATE, ZIP CODE		ZIP CODE							
2. BUSINESS INFORMATION											
NAME	TELEPHONE NO										
ADDRESS			CITY			STATE,	STATE, ZIP CODE				
3. TYPE OF ORGANIZATION											
□ Individual □ Partnership □ Corporation											
4. IF OTHER THAN I	NDIVIDUAL	, LIST THE NA	MES AND ADDRES	SES OF	ALL OFFICE	RS AND	O/OR PARTNERS				
NAME	-0	ADDRESS		CITY		2	STATE, ZIP CODE				
NAME		ADDRESS		CITY			STATE, ZIP CODE				
NAME		ADDRESS		CITY	5		STATE, ZIP CODE				
5. VEHICLES											
NUMBER OF VEHICLES OWNED IN CORPORATED											
NUMBER OF VEHICLES ACTUALLY OPERATED BY OWNER AT DATE OF APPLICATION											
NUMBER OF VEHICLES FOR WHICH A CERTIFICATION OF PUBLIC CONVENIENCE AND NECESSITY IS DESIRED											
ATTACH TO THIS APPLICATION A DESCRIPTION OF EACH VEHICLE FOR WHICH A CERTIFICATION OF PUBIC CONVENIENCE AND NECESSITY IS REQUESTED WITH THE FOLLOWING INFORMATION: NAME, TYPE, MAKE, YEAR, AND PASSENGER SEATING CAPACITY											
DESCRIPTIONS ATTACHED IN Yes No											
6. IDENTIFY THE FOLLOWING FOR EACH VEHICLE (USE ADDITIONAL SHEET IF NECESSARY)											
COLOR SCHEME	INSIGNIA	N	AME	MON	OGRAM	0	THER				
COLOR SCHEME	INSIGNIA N		AME	MON	MONOGRAM		THER				
COLOR SCHEME	INSIGNIA NA		ME MON		MONOGRAM (THER				
COLOR SCHEME	INSIGNIA	N	AME	MON	OGRAM	0	THER				

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7. IDENTIFY MAKE AND TYPE OF TAXIMETER INSTALLED IN EACH VEHICLE									
МАКЕ		ТҮРЕ							
MAKE		ТҮРЕ							
MAKE		түре							
МАКЕ		ТҮРЕ							
8. ATTACH PROPOSED SCHEDULE OF RATES (AS ESTABLISHED BY CITY COUNCIL)									
	Yes								
9. STREET NUMBER AND EXACT LOCATIONS OF EACH TAXICAB STAND WHICH APPLICANT PROPOSES TO USE									
STREET NUMBER		LOCATION							
STREET NUMBER		LOCATION							
STREET NUMBER		LOCATION							
STREET NUMBER		LOCATION							
10. ATTACH A FINANCIAL REPORT OF THE APP	PLICANT								
FINANCIAL REPORT ATTACHED	Yes	□ No							
11. EXPLAIN EXPERIENCE OF APPLICANT IN TRANSPORTATION OF PASSENGERS. RESUME MAY BE ATTACHED									
12. ANY FACTS THAT THE APPLICANT BELIEVES WOULD SHOW THAT PUBLIC CONVENIENCE AND NECESSITY REQUIRE THE GRANTING OF A PERMIT AND LICENSE									



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13. LIST THE NAMES AND ADDRESSES OF AT LEAST THREE REFERENCES NOT RELATED BY BLOOD										
NAME	ADDRESS		CITY		STATE, ZIP CODE					
NAME	ADDRESS	ADDRESS			STATE, ZIP CODE					
NAME	ADDRESS		CITY		STATE, ZIP CODE					
	ADDITESS	IDDRESS								
14. HAVE YOU EVER BEEN ARRESTED AND CONVICTED FOR ANY OFFENSE OTHER THAN A TRAFFIC										
VIOLATION? IF YES, LIST DA	-									
DATE	OFFENSE	OFFENSE			PLACE					
DATE	OFFENSE			PLACE						
DATE	OFFENSE			PLACE						
15. I DECLARE, UNDER PENALT										
ME, THAT I AM AUTHOR			•		THE BEST OF MY					
KNOWLEDGE AND BELIEF IT	IS A TRUE,	1	IPLETE ST	ATEMENT.						
SIGNATURE OF OWNER OR OFFICER		NAME (PRINT)		DATE						
OFFICE USE ONLY - DO NOT WF	ITE BELOW	THIS LINE								
ZONING				BY	DATE					
Approved Denied If Den	ied, Reason:									
OCCUPANCY (FIRE DEPARTMENT)		BY	DATE							
Approved Denied If Den										
OCCUPANCY (BUILDING DEPARTMEN		BY DATE								
	ied, Reason:									
				BY	DATE					
	ied, Reason:									
DATE ON CITY COUNCIL AGENDA	ieu, neasoii.									
	-	-								
	Approved	Denied								
COMMENTS										