



Permit # \_\_\_\_\_

# CITY OF MORGAN HILL POLICE DEPARTMENT

16200 Vineyard Boulevard – Morgan Hill, California 95037

408-776-7315

FAX 408-776-7329

## TAXICAB COMPANY PERMIT APPLICATION

**\*Please see attached TaxiCab Company Permit Requirements\***

Date of Application \_\_\_\_\_  Initial Application  Renewal Application

### 1. Owner Applicant Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street City State Zip

Dates at this residence: \_\_\_\_\_

Year(s) From/To

Previous Address: \_\_\_\_\_

Street City State Zip

Dates at this residence: \_\_\_\_\_

Year(s) From/To

CA Driver License: \_\_\_\_\_ Expires: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Taxicab Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street City State Zip

### 2. Please answer the following questions:

Yes No

- Have you been convicted of a felony within five (5) years prior to the date of this application?
- Have you been convicted of any crime involving moral turpitude, narcotics or which requires you to register under California Penal Code Section 290 within five (5) years prior to the date of this application?
- Have you been convicted of reckless driving within two (2) years prior to the date of this application?
- Have you been convicted of driving while under the influence of alcohol or a controlled substance within five (5) years prior to the date of this application?
- Has any driver's license issued to you by any State been revoked?
- Have you ever had a Taxicab Company Permit issued to you by any agency revoked within three (3) years prior to the date of this application?
- Do you use any substance or have any medical or mental disorder that can impair your ability to drive?

- Do you currently hold a valid Taxicab Company or Driver Permit for any other city in Santa Clara County?

**If you answered "YES" to any of the above questions, please explain below or on the reverse:**

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**3. Employment Information:**

- a.** Are you a taxicab driver for this company?  
 Yes  No
- b.** Have you driven a taxi for any other company in the last five (5) years?  
 Yes  No
- c. Please list all employers for the last three (3) years and any taxicab business which has employed you or you have owned in the last five (5) years.**

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

- 4. CERTIFICATION: I understand that intentional falsification of any information about any portion of this application is grounds to deny or revoke my TaxiCab Company Permit.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **TaxiCab Company Permit Requirements**

**\* The following items should accompany your permit application within 30 days of receipt of your application (exception: Permit Fee, which is due and payable at the time your application is submitted) \***

1. Submit Completed Original Application
2. Payment of \$155.00 TaxiCab Company Permit Fee
3. Valid California Driver License for Owner/Applicant  
(Please present Driver License)
4. Proof your Live Scan Fingerprints were submitted to the California Department of Justice  
(Taxi Permits from other cities may be used if not previously fingerprinted with Morgan Hill PD)
5. Proof that you have completed an annual drug test and received a negative result  
(Pursuant to CA State Law)
6. Notice from State of California Certified Mechanic Stating Vehicle/s is/are in Good Working Order
7. Copy of Valid Auto/Liability Insurance  
(Per Section 16500 of the California Vehicle Code)
8. Proof vehicle's meter/s were checked and verified by Weights and Measures
9. Proof of California Vehicle/s Registration is valid
10. Proof of current City of Morgan Hill Business License