



Permit # _____

CITY OF MORGAN HILL POLICE DEPARTMENT

16200 Vineyard Boulevard – Morgan Hill, California 95037

408-776-7315

FAX 408-776-7329

TAXICAB DRIVER PERMIT APPLICATION

The following items are required for your application to be processed

- 1. Completed Original Application
- 2. Payment of \$75.00 Permit Fee (2 years)
- 3. A Taxicab Driver Permit or Live Scan Fingerprints Taken
- 4. Possess a valid California Driver License
- 5. Copy of Drug Screen Test Results

Date of Application _____ Initial Application Renewal Application

1. 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: _____

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- Has any driver's license issued to you by any State been revoked?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 Driver 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 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:

3. Employment Information:

a. Have you driven a taxi for any other company in the last five (5) years?

Yes No

b. **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

4. Verification of Current Employment:

Taxicab Company: _____ Business Phone: _____

Business Address: _____
Street City State Zip

Signature of supervisor or business owner: _____

5. Additional Required Information:

a. **Please attach the following documents (copies of documents provided to other law enforcement agencies in Santa Clara County are acceptable).**

< 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)

< Proof that you have completed an annual drug test and received a negative result pursuant to CA State Law

6. CERTIFICATION: I understand that intentional falsification of any information about any portion of this application is grounds to deny or revoke my Taxicab Driver Permit.

Signature

Date