



CITY OF SAN BUENAVENTURA VENTURA POLICE DEPARTMENT

1427 Dowell Dr ● Ventura ● CA 93003-7361 ● (805) 339-4400 Ext. 1114

TAXI OPERATOR'S PERMIT APPLICATION

Applicant's Name: _____

A.K.A.: _____

Business Name: _____ Bus License # _____

Business Address: _____

Residence Address: _____

Daytime Phone #: _____ Evening Phone # _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____ Expires: _____

Has any taxicab permit ever been suspended or revoked whether under the applicant's current or previous name, or by any company, corporation, or any other business entity in which the applicant had an ownership or management interest? Yes No

If yes, please explain _____

Number of vehicles to be operated _____ Proposed Rate(s) _____

Color Scheme or characteristic insignia to be used to designate the vehicles of the operator _____

A Vehicle Permit Registration Form must be completed along with this form.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge.

Signature: _____ Application Date: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

POLICE PERMIT FEE (\$28.00) Collected by: _____ Date: _____

DEPARTMENT OF JUSTICE (\$32.00) Collected by: _____ Date: _____

SHERIFF'S DEPT FINGERPRINTING (\$30.00) Collected by: _____ Date: _____

Effective Date: _____ Expires: _____ NEW RENEWAL

Comments _____
