CITY OF PACIFICA

2075 Coast Highway Pacifica, CA 94044 (650) 738-7314

POLICE DEPARTMENT APPLICATION FOR VEHICLE FOR HIRE CERTIFICATE

(A separate Application must be completed by the owner of the vehicle for hire service and by each person who is directly or indirectly financially interested in this business.)

Name:		Alias(es):		
Name: (Last)	(First) (Middle	(Middle) Alias(es): (Include maiden or other married names)		
Residence Address:				
(Ni	umber) (Street)	(City)	(Zip Code)	(Phone Number)
Date of Birth:	Sex: Race:	_ Height: Weigh	t: Hair:	Eyes:
Social Security Number:		Driver's License Number	r & State:	
List all previous residence	es for the past five years:			
Address ———————————————————————————————————	, ,		<u>Dates</u>	
Have you ever been conv	victed of any offense(s)?		If yes, please c	omplete the following
Date of Arrest	City	Charge	Disposition	
Date of Arrest	City	Charge	Charge Disposition Charge Disposition	
Date of Arrest	City	Charge	Dispositio	n
This application is for: Vehicle for Hire Business: Other				
Addison Loss Prostale	(Number)	` ,	(City)	(Phone)
Address where dispatch	will be conducted:(Number)	(Street)	(City)	(Phone)
partnership, or all officers (Each person listed belov	ce street address, business st s and directors of any corporati v must complete a separate ap	on applying for this certifi	cate (use the reverse sid	de if necessary):
Name: Rusiness Address:	Address:		Pho	ne: ne:
			1110	
Name:	Address:		Pho	ne:
Business Address:		Phone:		
Name:	Address:		Pho	ne:
Business Address:			Pho	ne:
	nd street address and phone re. (Use the reverse side if nece		uthorized to accept legal	process. Post Office
Name:	Address:		Pho	ne:
Name:	Address:		Pho	ne:

APPLICATION FOR VEHICLE FOR HIRE CERTIFICATE

List the names, street addresses and telephone numbers of at least two individuals who may be contacted twenty-four hours a day, seven days a week, by the City in case of an emergency: Name: ______ Address: _____ Phone: _____ Name: _____ Address: _____ Phone: _____ Name: Address: ______ Phone: _____ List the number of vehicles proposed to be operated: List the color scheme and characteristic insignia used to designate the vehicles to be used in this business: Please attach the following to this application: A receipt from the Finance Director that all required fees as set forth by City of Pacifica Administrative Policy #2 have 1. been paid. 2. Proof of insurance or other ability to respond to damages as required by Section 4-6.302 of the Pacifica Municipal Code or successor legislation. List a complete description and proposed operation of each vehicle to be operated (including the year, make, model, 3. body type. license plate number and VIN number for each vehicle.) 4. Proof of legal and registered ownership of all vehicles proposed to be operated. 5. List the location where each vehicle will be garaged. 6. A copy of the vehicle maintenance program, including preventive maintenance. (The program must be in accordance with the vehicle manufacturer's warranty specification and any applicable state and federal laws.) This information shall be kept current throughout the term of the certificate. 7. The name of each driver who will operate a vehicle for hire within the City of Pacifica. This information shall be kept current throughout the term of the certificate. 8. Satisfactory evidence establishing that the applicant has complied and currently complies with the provisions of California Government Code Section 53075.5(b)(3), or any successor provision, pertaining to pre-employment and periodic testing of drivers for controlled substances and alcohol, and with provisions pertaining to payment for drug and alcohol testing programs and related reporting requirements. The applicant must also provide satisfactory proof that each driver who will operate a vehicle for hire within the City has tested negative for drugs and alcohol within the previous twelve months. I hereby certify, under penalty of perjury pursuant to the laws of the State of California, that all statements made on/in connection with this application are true and correct. I understand and agree that misstatements or omissions of material fact herein will constitute grounds for denial of this application or revocation of the subsequent certificate. I also understand that if my certificate is denied, for any reason whatsoever, the fee paid will not be refunded. Signature of applicant Date Do not write below this line APPROVED: _____ DENIED: _____

Chief of Police: Date:

Conditions: