

**Office Use Only**



City Council Approval: \_\_\_\_\_

City Manager Approval: \_\_\_\_\_

Police Department Clearance: \_\_\_\_\_

**CITY OF KING  
APPLICATION FOR TAXI SERVICE  
MUNICIPAL CODE CHAPTER 5.30: PUBLIC TRANSIT VEHICLES**

Municipal Code Section 5.30.020 requires that no person shall operate any public transportation vehicle within the city without first obtaining a permit. To establish a taxi service in the city, approval is needed by the City Council. Additionally, Municipal Code Section 5.30.100 requires each driver/operator of a taxicab to receive approval by the City Manager. The two processes can be combined, or processed separately.

**APPLICATION REQUIREMENTS:**

- Application must be accompanied by a bond or policy of insurance.
- Fee Deposit: \$100. Time and Material will be Charged
- No permit shall be issued to any person (5.30.100 (c)):
  - *under the age of eighteen years,*
  - *convicted of a felony or of a crime involving moral turpitude, or*
  - *convicted of reckless driving or driving while under the influence of intoxicating liquors or narcotics; provided, however, that the city council may, in its discretion, issue a permit in cases where such conviction occurred more than three years immediately preceding the filing of the application.*

Please type or print clearly in ink. If additional space is necessary to complete any answer, please complete on additional sheet(s) indicating question number being answered. Reference to any attachments/exhibits must be clearly identified in this application and properly labeled.

**1. Permit Requested**

- Taxi Service Only (City Council Approval)
  Taxi Driver Approval Only (City Manager Approval)
  Combined Approval, Taxi Service and Taxi Driver (City Council Approval)

**2. Type Of Company (check one)**

- Corporation. State of Incorporation: \_\_\_\_\_  
 Partnership,  Limited or  General. State of Formation: \_\_\_\_\_  
 Sole Proprietor



3. a. **Applicant's Name:** \_\_\_\_\_ b. **Date Of Birth:** \_\_\_\_\_
- c. **Home Address:** \_\_\_\_\_
- d. **Home Telephone Number:** \_\_\_\_\_
- e. **Business Address:** \_\_\_\_\_
- f. **Business Telephone And Fax Numbers:** \_\_\_\_\_
- g. **Web Address:** \_\_\_\_\_
- h. **Names, Associations, Place Of Business And Residence Of Each Partner** (If corporation or limited or general partnership, list name and title of all officers or joint ventures or partners, and the permanent addresses and telephone numbers, and percentage of participation in business of each on separate page(s) identified as response to this question and attach to this application 5.30.030(1).)
4. **Please Identify The Name Of The Person Who Will Be Responsible Or Oversee Day-To-Day Operations.**
5. **Have Any Of The Principals Associated With This Business Been Convicted Of A Felony? If Yes, Please Explain.**
6. **Please Describe In Detail Why There Is A Need For Your Proposed Service.**
7. **Description Of Motor Vehicles To Be Used** (Disclose the manufacturer name, vehicle color, the motor number, and state license plate number of each vehicle, and the type of insignia 5.30.030 (2).)





16. Does The Applicant Currently Lease Cabs To Drivers. If Yes, Please Explain (If The Applicant Plans To Lease Vehicles To The Drivers, Please Provide A Sample Copy Of The Lease Agreement And The Cost To The Driver.)
  
17. Describe In Detail How Calls Will Be Dispatched And How The Applicant Will Monitor The Dispatch Operation And Response Times. How Are Calls Allocated To Drivers?
  
18. What Procedure Do You Follow When A Complaint Is Received?
  
19. Provide Evidence Of Two-Way Communication In Each Authorized Taxicab In Use For Both Business Use And In Case Of Emergency. (Provide Attachment(s) As Evidence Of Compliance.)
  
20. Describe Your Record Keeping And Data Generation Procedure In Terms Of Information Produced And How The Data Can Be Used To Measure Performance.
  
21. Does The Applicant Plan To Have An Office Or Other Facility Within The City Of King? If Yes, Please Explain.
  
22. Will The Applicant Be Requesting A Stand(s) In The Public Street? If Yes, Please Explain.



23. Have Any Of The Passenger Carrying Vehicles Operated By Applicant Been Taken Out Of Service For Safety Or Other Reasons By The California Highway Patrol, Any Other California Law Enforcement Agency, Or Any Governmental Agency Of This State? If Yes, Please Explain.

24. List Names Of All Drivers Operating The Taxicab(s), California Driver's License Number And Residence Address Of The Driver(s) Including Street, City, State And Zip Code And Telephone Number With Area Code As Well As A Photocopy Of Each Driver's Valid DMV License And A Photocopy Of Both Sides Of The Driver's Permit On Separate Page(s).

25. Does The Applicant Plan To Serve The Disabled And The Elderly? Please Explain.

26. Does Your Firm Plan To Accept Credit Cards For Services Provided?

27. Does Your Firm Plan To Offer Discounts Or Special Fares? If Yes, Please Explain.

I hereby declare under penalty of perjury under the laws of the State of California that the foregoing information in this application is true and correct to the best of my knowledge. Applicant signifies by signing this application, the applicant agrees to meet the requirements of the City of King Municipal Code if the application is approved by the City.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_