



# OWNER'S PERMIT APPLICATION

## AUTOMOBILE FOR HIRE, NON-EMERGENCY MEDICAL TRANSPORTATION, DIAL-A-RIDE AND JITNEY SERVICES

*Please type or clearly print on this form. Form available in Microsoft Word format on request.*

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. ALL INFORMATION REQUIRED IN THIS APPLICATION MUST BE INCLUDED AT TIME OF SUBMITTAL.**

### COMPANY INFORMATION

Name of Company:	
Street Address:	
City, State ZIP:	
Phone Number:	Fax Number:
<b>Provider Type:</b>	
<input type="checkbox"/> Non-Emergency Medical	<input type="checkbox"/> Taxicab
<input type="checkbox"/> Automobile-For-Hire	<input type="checkbox"/> Dial-a-Ride
<input type="checkbox"/> Jitney	
<b>Company Ownership:</b>	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other ( <i>please describe</i> ):

### APPLICANT INFORMATION (*Company Owner if Sole Proprietorship*)

Name of Applicant:	
Title of Applicant:	
Home Street Address:	
City, State ZIP:	
Home Phone Number:	
DOB:	Citizenship:

### PARTNERSHIP INFORMATION (*if Company Ownership is Partnership*)

#### **PARTNER NAMES (*list all and attach additional sheets if necessary*):**

Name of Partner:	
Home Street Address:	
City, State ZIP:	
Home Phone Number:	
DOB:	Citizenship:
Name of Partner:	
Home Street Address:	
City, State ZIP:	
Home Phone Number:	
DOB:	Citizenship:

**CORPORATE INFORMATION (if Company Ownership is Corporation)**

Corporation Name:

Date of Incorporation:

Place of Incorporation:

Agent for Service of Process:

Attached is a Certificate of Domestic Stock Ownership: Attached is a Current Certificate of Good Standing from California Secretary of State: **DIRECTORS/OFFICERS (list all and attach additional sheets if necessary):**

Name of Officer:

Title of Officer:

Street Address:

City, State ZIP:

Name of Officer:

Title of Officer:

Street Address:

City, State ZIP:

*Note: Upon submittal of this application, background checks of the applicant, owner(s), partners, one principal corporate officer, and the person in charge of the company's Glendale operations will be conducted prior to review of the application by the Transportation & Parking Commission. A City of Glendale Personal Affidavit in Support of Application (Form K-182) must be submitted by each of these persons with the application.*

**VEHICLE INFORMATION**

How many vehicles are you seeking to license for operation in Glendale?

**VEHICLE STORAGE LOCATIONS (attach additional sheets if necessary):**

Street Address:

City, State ZIP:

Which vehicles are stored here?:

Street Address:

City, State ZIP:

Which Vehicles are stored here?:

**PROPOSED VEHICLE DESCRIPTIONS & APPEARANCE**Attach a Vehicle List Containing the Following Information: *If applicant currently does not own vehicles, provide available detail on proposed vehicles*

- Vehicle number (if applicable)
- Make of vehicle
- Model of vehicle
- Model year of vehicle
- Seating capacity of each vehicle
- Vehicle license plate number
- Vehicle identification number (VIN)

Attach the Vehicle Color Scheme and Logo: *Include color photo of existing vehicle or a rendering of color scheme on the proposed vehicle*

**PROPOSED HOURS OF OPERATION & FARE SCHEDULE**

**HOURS OF OPERATION (*Taxicab service must operate 24 hours/day*):**

Monday: Friday:  
Tuesday: Saturday:  
Wednesday: Sunday:  
Thursday:

**FARE SCHEDULE:**

**Non-Emergency Medical Fares:**

Cost per trip (one-way):  
Cost per mile:  
Other Charges:

**Taxicab Fares:**

Flag drop rate:  
Additional 1/8 mile or 40 seconds:  
Waiting Time:  
Per hour waiting time:  
Other Charges:

*I certify that all Taxicabs are equipped with a taximeter complying with sections 5.84.200 through 5.84.230 of the GMC:* \_\_\_\_\_ (Signature of Applicant)

**For Automobile-For-Hire, Dial-a-Ride, or Jitney providers, describe how you propose to charge for your services (include a fare zone map if applicable):**

**PERMITS HELD IN OTHER JURISDICTIONS**

Attach a list of permits held in other jurisdictions and copies of said permits.   
*Include the name, address and telephone number of a representative of the jurisdictions where owner's permits are held.*

Attach a list of any previous permit suspensions, denials, terminations or cancellations or revocations in any jurisdiction and provide an explanation of the circumstances regarding same. If you have never had any of these, a statement to that effect should be attached.

**PAST EXPERIENCE OF APPLICANT & REFERENCES**

Attach, in resume' format, information regarding your past experience as it relates to the operation of this business. Also include information regarding the past experience of the person to be in charge of the premises or business (also in resume' format).

Attach at least one (1) letter of personal reference and one (1) letter of professional reference.

**OPERATING PLAN**

Attach a detailed explanation of how the business will be conducted containing at least the following information:

- Staffing plan
- Description of how vehicle dispatching will take place
- Routing Information (Jitneys Only)
- Description of where and how vehicles will be maintained
- Names of any and all contractors, sub-contractors, consultants and sub-consultants and a detailed description of the services that each will provide.
- If applicable, a description of any innovative proposals of service to the public presented by the applicant including but not limited to guaranteed ride home programs, special services for the elderly and non-ambulatory persons and/or the use of vehicles utilizing clean fuel technology.

**STATEMENT OF PUBLIC CONVENIENCE & NECESSITY**

Attach at least one (1) statement of public convenience and necessity from a prospective customer who resides or does business within the City of Glendale. Applications may also include any market research, business plan, or other information that demonstrates a need for your services.

**SAFETY, TRAINING & SUBSTANCE ABUSE PROGRAMS**

Attach copies of all written materials regarding employee safety, training and substance abuse testing programs as described in section 5.84.090.B.15-16 of the Glendale Municipal Code.

**CERTIFICATION OF INFORMATION IN APPLICATION**

*I certify that the information provided on this application and its attachments is complete and accurate. I further certify that I have read Title 5, Chapter 84 of the Glendale Municipal Code, 1995 and any attached Ordinances of the City of Glendale and know the contents thereof, and that if granted a permit pursuant to said Code, will comply with all conditions. I further certify that I acknowledge that the application fee is not refundable. I also agree to make a diligent effort to provide a child passenger restraint system in compliance with Section 5.84.375 of the Glendale Municipal Code.*

Applicant Signature

Date

Print Name

Title

**SIGNATURE MUST BE NOTARIZED OR WITNESSED  
BY PERSON AUTHORIZED TO ADMINISTER OATHS**

Witness Name

Date