



CITY OF CARSON
REVENUE DIVISION

701 East Carson Street • P. O. Box 6234 • Carson, CA 90749
Phone: (310) 952-1748 • Fax (310) 518-2874
E-mail Address: revenuediv@carson.ca.us

APPLICATION NO.
NEW RENEW
CHANGE OF ADDRESS

PRINT OR TYPE ONLY

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Ownership: Corporation, Corp-Ltd. Liability, Sole Proprietorship, Partnership, Trust
Applicant's Name (If corp., use bus. name)
DOING BUSINESS AS
Business Location (Not P.O. Box)
Mailing Address (If Different)
Bus. Phone, Bus. Fax, E-Mail Address
Start Date, Fed. ID No., State ID No.

Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary

(1) Name, Title, % Interest Held, Social Security No., Driver's Lic. No., Date of Birth, Address, Phone
(2) Name, Title, % Interest Held, Social Security No., Driver's Lic. No., Date of Birth, Address, Phone

No. of vehicles actually owned and operated as of date of application
No. of vehicles to be actually operated under Certificate applied for

Description of vehicles to be operated under Certificate applied for: (Attach list for additional vehicles)

Table with 5 columns: YEAR, MAKE, TYPE, SEATING CAPACITY, HORSEPOWER

Location where vehicles are garaged
Color scheme, insignia, name, monogram proposed for use on each vehicle:
Name, address and phone no. of insurance carrier:
Type and make of taximeter to be installed in each taxicab:
Schedule of fares to be charged: Current Rate: \$ Requested Rate: \$
Statement of Applicant's estimate of need for taxicab service (Attach separate sheet if needed):
State of experience record of applicant (Attach separate sheet if needed):
Applicant's supporting remarks (Attach separate sheet if needed):

CERTIFIED FINANCIAL REPORT MUST BE PROVIDED AT THE TIME OF FILING OF APPLICATION

I/We have received a copy of Article VI, chapter 5 of the Carson Municipal Code pertaining to the City of Carson regulations for the operation of taxicabs and agree to abide by all applicable City, County, State laws and all government officers and agencies having jurisdiction over the operation of "For Hire" vehicles. I/We further declare under penalty of perjury that all statements herein stated are true to the best of our knowledge.

Date Signature Title
Date Signature Title

BELOW FOR OFFICE USE ONLY

DATE SENT, INSPECTIONS & INVESTIGATIONS (PLANNING, FIRE, SHERIFF LIC. DETAIL), DATE APPROVED, DATE DENIED, REVIEWED BY, COMMENTS AND/OR CONDITIONS OF APPROVAL

Pmt. Date: Amt. Pd.: Rec. No.: By: