



**CITY OF CARSON
REVENUE DIVISION**
701 East Carson Street • Carson, CA 90749
Phone: (310) 952-1748 • Fax (310) 830-8023
E-mail Address: revenue@carson.ca.us

PERMIT NO. _____	
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEW
<input type="checkbox"/> CHANGE OF ADDRESS	

PRINT OR TYPE ONLY

APPLICATION FOR TAXI DRIVER'S PERMIT

(Permit fee of \$25.00 and two (2) photographs not to exceed 1 1/2" x 1 1/2" in size are required to process the application)

Name (Last, First, MI)							
Home Address.							
Driver's Lic. No.	Class	State	Date of Birth	Place of Birth			
Social Security No.	L.A. County Permit No.		Home or Cell Phone No				
Employer's Name (Name of Taxi Co.)							
Employer's Address							
Bus. Phone	Bus. Fax	E-Mail Address					
REFERENCES: LIST FOUR (4) CARSON RESIDENTS WHO HAVE KNOWN YOU FOR A PERIOD OF AT LEAST ONE YEAR AND WILL ATTEST TO YOUR GOOD CHARACTER: <i>(Please list their name and address)</i>							
(1) Name			(1) Address				
(2) Name			(2) Address				
(3) Name			(3) Address				
(4) Name			(4) Address				
HISTORY OF PAST EMPLOYMENT (ATTACH SEPARTE SHEET IF NEEDED)							
COMPANY NAME	ADDRESS			LENGTH OF EMPLOYMENT (FROM/TO)			
EDUCATION (CIRCLE HEGHEST GRADE COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12 OR							
HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE PARTICULARS:							
I, the undersigned, understand that the above statements will be investigated and that any false information will be sufficient cause for denial or revocation of permit.							
Date _____	Signature _____						
BELOW FOR OFFICE USE ONLY							
TAX YEAR	CLASS CODE	PERMIT	PENALTY	TOTAL			
TOTALS:							
Pmt. Date:		Rec. No.:		By:			
DATE SENT	INSPECTIONS & INVESTIGATIONS	DATE APPROVED	DATE DENIED	REVIEWED BY			
	SHERIFF LIC. DETAIL						
COMMENTS AND/OR CONDITIONS OF APPROVAL: _____							