



**APPLICATION**  
**BUSINESS TAX AND LICENSING**

*Taxicab Company*

Business #: \_\_\_\_\_  
SIC Code: \_\_\_\_\_

☐ **NEW APPLICATION**                      ☐ **RENEWAL**

**INSTRUCTIONS:**

- \$ All questions on this form must be answered or designated not applicable (N/A) where appropriate.  
\$ Additional information may be required pursuant to Los Gatos Town Code, Chapter 14.  
\$ In compliance with requirements of the State Controller's Office, a Business Tax Certificate (License) will not be issued without the following information.

**PLEASE PRINT ALL INFORMATION:**

1. **Business Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Number Street City State ZIP

**Business Telephone #:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
(If different) Number Street City State ZIP

**Type of Business (Please be specific):** \_\_\_\_\_

2. **Type of Ownership (Check one only):**  
☐ Partnership                      ☐ Corporation                      ☐ Trust                      ☐ Sole Proprietorship

**Owner(s) Name:** \_\_\_\_\_

**Owner(s) Telephone #:** \_\_\_\_\_ **Owner(s) Cellphone #:** \_\_\_\_\_

**Owner(s) Residence:** \_\_\_\_\_  
Number Street City State ZIP

3. **Complete the following:**  
\$ Social Security #: \_\_\_\_\_  
\$ California Driver's License #: \_\_\_\_\_

Has the applicant had a previous license revoked?    ☐ Yes    ☐ No    If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Select the appropriate options:**

a. Flat Fee (Please check the appropriate box)

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Taxi – \$150.00/year annually | January 1 through December 31 |
| <input type="checkbox"/> Prorate – \$112.50/year       | after April 1                 |
| <input type="checkbox"/> Prorate – \$75.00/year        | after July 1                  |
| <input type="checkbox"/> Prorate – \$37.50/year        | after October 1               |

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Additional <b>Per Taxi</b> – \$22.50/year annually | January 1 through December 31 |
| <input type="checkbox"/> Prorate – \$16.88/year                             | after April 1                 |
| <input type="checkbox"/> Prorate – \$11.25/year                             | after July 1                  |
| <input type="checkbox"/> Prorate – \$5.63/year                              | after October 1               |

☐ **PLUS \$4.00 \* SB 1186 State Mandated Fee PER BUSINESS** (See notation on third page)

**Total Number of Taxis to be operated:** \_\_\_\_\_ **Total Amount Due (add \$4\*): \$** \_\_\_\_\_

**5. Complete the following:**  
Vehicle Description(s): (Attach a continuation list to this application if more space is needed)

[illegible]

**Provide statements of the following:**

- ☐ Taximeter fare schedule
- ☐ Zone fare schedule
- ☐ Time basis fare schedule
- ☐ Posting of schedule of fees
- ☐ Statement of insurance in the State of California
- ☐ Proof that the applicant is the registered owner of each vehicle  
(Photocopies of the registration for each vehicle)

**Following the issuance of each owner's license, the owner shall submit the following:**

- ☐ Statement that all taxicabs will be equipped with the following equipment:
  - A spare tire, capable of being used on any of the wheels of the vehicle
  - A set of tools for changing tires
  - A light within the passenger compartment capable of being lighted or extinguished by the passenger
- ☐ Identification – Painting and lettering of taxicabs (Please provide photograph of one of your vehicles)
  - A serial body number
  - The name of the owner or trade name
  - The word "taxicab" beneath the owner or trade name
- ☐ Proof that all taxicab drivers have in public view a distinctive identification card, which shall include a photograph of the driver, owner, or trade name and the driver's name. The drivers name on the identification card shall match the drivers name on the driver license.
- ☐ Proof that the owner has a complete and accurate record of all drivers employed by him, which record shall show in detail the names and addresses of each driver and a current Department of Motor Vehicle (D.M.V.) record of each of the drivers.

**The license period is from January – December, renewable annually.**

It shall be unlawful for any person to transact and carry on any business, trade, profession, calling or occupation in the Town without first having procured a license from the Town. Sec.14.10.015

If a business plans to establish within the Town limits, the Planning Division of Community Development requires approval/compliance of the zoning requirements for the pending business location.

**I have read and understood all requirements and regulations pertaining to TAXICAB COMPANIES per the Los Gatos Town Code. I understand that any violation of the Los Gatos Town Code may cause the suspension or revocation of my owner's license to operate a taxicab company in the Town of Los Gatos.**

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct and if called as witness I could competently testify to the facts contained herein. Executed this \_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_ (Year) in the Town of Los Gatos, County of Santa Clara, State of California.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

\* Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with building open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx).

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).

The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov).