



CITY OF ENCINITAS
Development Services Department
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SUPPLEMENTAL APPLICATION TAXI COMPANY

Company Name: _____ DBA: _____

Garage Address: _____

Area of Operation: _____ Number of Vehicles: _____

Color of Vehicles:

Body: _____ Roof: _____ Fenders: _____

Trademark/Insignia: _____ Location on Cab: _____

Schedule of Authorized Fares:

Initial Flag Drop: _____ Travel Charge per Mile: _____ Waiting Time per Hour: _____

Days of Operation: M T W Th F Sa Su

Hours of Operation: From _____ AM PM To _____ AM PM

Experience: Describe previous experience in taxi cab or common carrier operations:

Complete the following for each vehicle to be licensed. Attach additional sheets if necessary.

YEAR	MAKE & MODEL	CAB #	CAPACITY	LICENSE PLATE	VIN

By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: _____ Date: _____