

\_\_\_ Approved \_\_\_ Rejected by Ontario City Council on \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
City Recorder

Submit with Non-Refundable Application  
Processing Fee of \$20

Annual License Fee:  
\$60 per vehicle

Number of Vehicles: \_\_\_\_\_

### APPLICATION TO OPERATE TAXI SERVICE

New Applicant       Renewal

COMPANY NAME: \_\_\_\_\_

COMPANY OWNERS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

NAME OF MANAGER: \_\_\_\_\_

NAMES AND DRIVERS LICENSE NUMBERS OF DRIVERS:

1) \_\_\_\_\_ #[state\_\_] \_\_\_\_\_

2) \_\_\_\_\_ #[state\_\_] \_\_\_\_\_

3) \_\_\_\_\_ #[state\_\_] \_\_\_\_\_

4) \_\_\_\_\_ #[state\_\_] \_\_\_\_\_

5) \_\_\_\_\_ #[state\_\_] \_\_\_\_\_

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

PAST CRIMINAL RECORDS OF OWNERS, MANAGERS AND DRIVERS.

If no known past criminal record, please state: None

Owner's past criminal record contains the following:

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

Manager's past criminal record contains the following:

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Drivers' past criminal records contain the following:

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NAME AND TELEPHONE OF INSURANCE COMPANY AND POLICY NUMBER

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 ( )

DESCRIPTION OF VEHICLES TO BE USED FOR HIRE WITHIN THE CITY OF ONTARIO.

Vehicle 1: Make \_\_\_\_\_; Model \_\_\_\_\_; Color \_\_\_\_\_; Plate # \_\_\_\_\_

Vehicle 2: Make \_\_\_\_\_; Model \_\_\_\_\_; Color \_\_\_\_\_; Plate # \_\_\_\_\_

Vehicle 3: Make \_\_\_\_\_; Model \_\_\_\_\_; Color \_\_\_\_\_; Plate # \_\_\_\_\_

Vehicle 4: Make \_\_\_\_\_; Model \_\_\_\_\_; Color \_\_\_\_\_; Plate # \_\_\_\_\_

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

I hereby authorize the City of Ontario or their agents or authorized representatives to make a complete investigation of my criminal background and to disclose such information as may be reasonably necessary to conduct such an investigation; I hereby authorize every person or organization having information or documents relating to me, including without limitation, criminal records and credit history, to provide that information and documents to the City of Ontario or their agents or authorized representatives; I hereby release and exonerate any person or organization supplying requested information in connection with this investigation discussed above from liability of any kind resulting from

the investigation or from furnishing information; and I understand that the information furnished in and in connection with this application is confidential and will not be disclosed to persons other than the above-named landlord and its agents and authorized representatives without my prior consent.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Manager's Signature

**\*\*MUST ACCOMPANY APPLICATION TO OPERATE TAXI SERVICE\*\***

(copy as needed)

DRIVER # \_\_\_\_\_

### TAXICAB DRIVER APPLICATION

DRIVER'S FULL NAME: \_\_\_\_\_

DRIVER'S ADDRESS: \_\_\_\_\_

DRIVER'S BIRTH DATE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER [state \_\_\_\_\_]

COMPANY FOR WHICH DRIVER WILL BE DRIVING: \_\_\_\_\_

DRIVER'S PAST CRIMINAL HISTORY, DRIVING HISTORY AND ANY HISTORY OF  
PHYSICAL OR MENTAL DISEASE OR DISABILITY: \_\_\_\_\_

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

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DATED: \_\_\_\_\_

\_\_\_\_\_  
Applicant Driver Signature

Taxicab Inspection Form

Owner: \_\_\_\_\_ Licensee: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Type: \_\_\_\_\_ VIN#: \_\_\_\_\_

City License: \_\_\_\_\_ State License: \_\_\_\_\_ Cab #: \_\_\_\_\_

(√) Indicates O.K. Odometer Reading: \_\_\_\_\_

(X) Indicates below for information

Initial Check

1. LIGHTS: High Beam \_\_\_\_\_ Low Beam \_\_\_\_\_ Tail Lights \_\_\_\_\_ Brake Lights \_\_\_\_\_

2. TURN SIGNALS: Left \_\_\_\_\_ Right \_\_\_\_\_ Emergency Flashers \_\_\_\_\_ Top Light \_\_\_\_\_

3. ACCESSORIES: Windshield Wipers \_\_\_\_\_ Horn \_\_\_\_\_ Window Glass \_\_\_\_\_

4. BODY CONDITION: Inside \_\_\_\_\_ Outside \_\_\_\_\_ Paint \_\_\_\_\_ Lettering \_\_\_\_\_

5. SANITARY CONDITIONS: \_\_\_\_\_ Doorlatches \_\_\_\_\_ Seats \_\_\_\_\_ Rate Schedule \_\_\_\_\_

Vehicle on Hoist

6. Tire Conditions LF \_\_\_\_\_ RF \_\_\_\_\_ RR \_\_\_\_\_ LR \_\_\_\_\_ Steering Linkage \_\_\_\_\_

7. Brake Flex Lines \_\_\_\_\_ Oil Leaks \_\_\_\_\_ Exhaust Pipe \_\_\_\_\_ Muffler \_\_\_\_\_

8. Shocks \_\_\_\_\_ Front Brake Shoes \_\_\_\_\_ Rear Brake Shoes \_\_\_\_\_

Parking Brake \_\_\_\_\_

COMMENTS:

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

Date Submitted to City: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Inspecting Company: \_\_\_\_\_ Signature of Inspector \_\_\_\_\_

*make additional copies as needed.*

BACKGROUND INVESTIGATION CERTIFICATION

I, \_\_\_\_\_, Ontario Chief of Police or his designee, hereby certify that I have performed the background checks on the Applicant Manager(s) and Applicant Driver(s), which are party to the foregoing Application to Operate a Taxi Service, and find the following with regard to each:

Manager	_____	Acceptable	_____	Not Acceptable
Driver #1	_____	Acceptable	_____	Not Acceptable
Driver #2	_____	Acceptable	_____	Not Acceptable
Driver #3	_____	Acceptable	_____	Not Acceptable
Driver #4	_____	Acceptable	_____	Not Acceptable
Driver #5	_____	Acceptable	_____	Not Acceptable
Driver #6	_____	Acceptable	_____	Not Acceptable
Driver #7	_____	Acceptable	_____	Not Acceptable
Driver #8	_____	Acceptable	_____	Not Acceptable

Dated: \_\_\_\_\_

\_\_\_\_\_  
Ontario Chief of Police/Designee