



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY AND TAXICAB PERMIT

NOTE: Pursuant to Section 5.688.020(C) of Chapter 5.68 of Title 5 of the Gardena Municipal Code, a fee of \$160.00 must accompany the application for the purpose of defraying costs of processing, and which fee shall be the property of the City and shall be retained, whether the permit is granted or denied.

PLEASE PRINT

1. NAME OF BUSINESS: _____ PHONE NO.: _____
ADDRESS OF BUSINESS: _____
TRUE NAME OF APPLICANT _____
CHECK IF APPLICANT IS: AN INDIVIDUAL: ___; PARTNERSHIP: ___; ASSOCIATION: ___;
CORPORATION: ___; OTHER ___; (DESCRIBE) _____

If applicant is other than an individual, complete Attachment (A) to identify the name, residence and business address of each of the co-partners or members of the firm, co-partnership or joint adventure, and the name, residence and business address of each of the principal officers and directors of the association or corporation applicant, and if a corporation, identify each stockholder owning not less than ten percent (10%) of the stock of the corporation.

IF APPLICANT IS AN INDIVIDUAL, COMPLETE THE FOLLOWING SECTION:

NAME: _____ TITLE: _____
RESIDENCE ADDRESS: _____ PHONE NO: _____
BUSINESS ADDRESS: _____
SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____
OCCUPATION: _____
TITLE OR NATURE OF INTEREST: _____

2. Number of vehicles actually owned _____ and number of vehicles actually operated _____ by applicant on date of application.
3. Number of vehicles for which a certificate of public convenience and necessity is desired _____.
4. Complete Attachment (B) to identify the intended make, type, year of manufacture and passenger-seat capacity of each taxicab for which application for a certificate of public convenience and necessity is made.

5. Identify the make and type of taximeter intended to be installed on each taxicab for which application is made.

6. Describe proposed color scheme, insignia, trade style and/or other distinguishing characteristics of the proposed taxicab design.

7. Provide a list of references in Attachment (C) of agencies that can attest to level of performance and experience as a public transportation provider.

8. Attach response and identify information as Attachments (A). Supply proof of public convenience and necessity, to specifically include: 1) demand of the public within the City of Gardena for additional taxicab service, 2) inadequacy of existing mass transportation and taxicab service in the City of Gardena and 3) other specific evidence of public convenience and necessity within the City of Gardena.

I represent and certify that the information supplied in this "Application for Certificate of Public Convenience and Necessity" is true and correct to the best of my knowledge and belief.

Applicant

By: _____

Title: _____

State of California
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

**CERTIFICATE OF PUBLIC CONVENIENCE and NECESSITY APPLICATION
OWNERSHIP INFORMATION**

(If additional sheets are necessary, duplicate this form as needed)

NAME: _____ **TITLE:** _____

RESIDENCE ADDRESS: _____ PHONE NO: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

OCCUPATION: _____

TITLE OR NATURE OF INTEREST: _____ PERCENT INVESTED: _____

NAME: _____ **TITLE:** _____

RESIDENCE ADDRESS: _____ PHONE NO: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

OCCUPATION: _____

TITLE OR NATURE OF INTEREST: _____ PERCENT INVESTED: _____

NAME: _____ **TITLE:** _____

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BUSINESS ADDRESS: _____

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OCCUPATION: _____

TITLE OR NATURE OF INTEREST: _____ PERCENT INVESTED: _____

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BUSINESS ADDRESS: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

OCCUPATION: _____

TITLE OR NATURE OF INTEREST: _____ PERCENT INVESTED: _____

**CERTIFICATE OF PUBLIC CONVENIENCE and NECESSITY APPLICATION
OWNERSHIP INFORMATION**

(If additional sheets are necessary, duplicate this form as needed)

NAME: _____ **TITLE:** _____

RESIDENCE ADDRESS: _____ PHONE NO: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

OCCUPATION: _____

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RESIDENCE ADDRESS: _____ PHONE NO: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

OCCUPATION: _____

TITLE OR NATURE OF INTEREST: _____ PERCENT INVESTED: _____

**CERTIFICATE OF PUBLIC CONVENIENCE and NECESSITY APPLICATION
REFERENCE LIST**

(If additional sheets are necessary, duplicate this form as needed)

NAME OF BUSINESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: _____

DATES OF SERVICE: _____

NAME OF BUSINESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: _____

DATES OF SERVICE: _____

NAME OF BUSINESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: _____

DATES OF SERVICE: _____

NAME OF BUSINESS: _____

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CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: _____

DATES OF SERVICE: _____

NAME OF BUSINESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE NUMBER: _____

DATES OF SERVICE: _____