

**🞎 NEW**

**🞎 RENEWAL**

## **VEHICLE PERMIT**

APPLICANT CHECKLIST

### 

**Applicant’s Name**  \_\_\_\_\_\_\_\_ **Phone**

**Taxicab Company Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Present the following documents to the Sonoma County Sheriff’s Office at 2796 Ventura Avenue in Santa Rosa: | | |
|  | | |
|  | Completed and signed Application for Vehicle Permit form. **You may need to make more copies of page 3 depending on your fleet of vehicles.** |
|  | Department of Motor Vehicles registration for each vehicle showing that a) the vehicle has been registered as a taxicab, and b) vehicle registration is current. |
|  | A Certificate of Accuracy from the County of Sonoma Division of Weights and Measures for each taximeter. |
|  | If Applicant has employees, a Certificate of Insurance evidencing that Applicant has Workers’ Compensation insurance. |
|  | For each vehicle, proof of certification from a Sonoma County Automotive Service Excellence (ASE) certified garage. **Applicant should provide a copy of certification.** |
|  | Vehicle brake certificate from a certified California Brake Station for each vehicle. |
|  | Certificate of Insurance for Comprehensive Liability and for Comprehensive Auto Liability. (To be received directly from the insurance company. May be faxed to the Attention of Taxi-Cab Permits at (707) 565-8811. **If your business is not an LLC (Limited Liability Company) or INC (Incorporated), then you need to state the name of your business as your name DBA (Doing Business As) and the company name. Example: John Doe DBA Taxis Unlimited**.  For minimum insurance levels, please refer to the “County of Sonoma Minimum Level of Insurance Required for Taxicab Permit” document located on the website at [www.sonomasheriff.org](http://www.sonomasheriff.org). |
|  | Payment of Vehicle Permit Fee set forth by the Sonoma County Board of Supervisors, contact (707)565-2650 for current fee schedule. |

Forms of payment accepted: 1) Cash, 2) Check (to “Sonoma County Sheriff’s Office”), 3) Cashier’s Check, 4) Money Order, 5) Visa or MasterCard (Note: vendor charges an additional $9.95 for each transaction over $100).

**Processing your application may take 4 to 6 weeks.**

For questions regarding the status of your application, please contact the

Sonoma County Sheriff’s Office at (707) 565-2650, or visit the website at www.sonomasheriff.org.



**SHERIFF’S OFFICE**

**USE ONLY**

**Date Submitted:**

**APPLICATION FOR VEHICLE PERMIT**

**(Pursuant to Sonoma County Ordinance 6029)**

Each vehicle for hire operating in the County of Sonoma is subject to a vehicle permit issued by the Sonoma County Sheriff’s Office. Each vehicle for hire is operated by a business owner who must obtain a vehicle permit for operation in the unincorporated areas of Sonoma County. The vehicle permit is $115.00 per year.

***Complete all fields and*** type or print clearly in ink. If additional space is ***needed***, make copies of page 3 of this application and attach as part of your application.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application: | | | |
| Business Name: | | | |
| Owner's Name: | | | |
| Principal location of Business (include street, city, and zip code): | | | |
|  | | | |
| Mailing Address, if different (include street, city, and zip code): | | | |
|  | | | |
| Business Phone: | Fax Number: | Cell Phone: | Email: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **VEHICLE** | | | | | | | |
| Year: | Make: | | | Model: | | License Plate Number: | |
| VIN Number: | | | Cab Number: | | | | Sonoma County Permit #: |
| Vehicle Brake Inspection Certificate: | | Weights and Measures Certificate: | | | Vehicle Registration: | | Insurance Policy: |
| Insurance Company Name: | | | | | | | |
| Insurance Company's Address (include street, city, and zip code): | | | | | | | |
| Insurance Company's Phone Number: | | | | | | | |

##### **APPLICATION FOR VEHICLE PERMIT**

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**(Pursuant to Sonoma County Ordinance 6029)**



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| VIN Number: | | | Cab Number: | | | Sonoma County Permit #: |
| Vehicle Brake Inspection Certificate: | | Weights and Measures Certificate: | | Vehicle Registration: | | Insurance Policy: |
| Insurance Company's Address (include street, city, and zip code): | | | | | | |
| Insurance Company's Phone Number: | | | | | | |

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**(Pursuant to Sonoma County Ordinance 6029)**

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**AUTHORIZATION TO RELEASE INFORMATION TO THE SONOMA COUNTY SHERIFF’S OFFICE**

**(Pursuant to Sonoma County Ordinance 6029)**

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| Insurance Company's Phone Number: | | | | | | |

*Under penalty of perjury, I attest that all information submitted in support of this application is true and correct, that I have omitted no item requested to be answered, and have included a full and correct answer to each question to the best of my knowledge. I hereby authorize the Sonoma County Sheriff’s Office to make whatever inquiries are necessary to verify the truth of the matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury and shall be grounds to deny or revoke the permit sought by this application.*

*If approved for a permit, I will comply with all of the provisions of the Taxicab Ordinance, Chapter 18, 6029 prior to the commencement of taxicab vehicle operation.*

***\_\_\_\_\_*     *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Applicant’s Printed Name Applicant’s Signature

**Executed on , 20\_\_\_\_ in the County of Sonoma in Santa Rosa, California.**