



Taxicab Franchise Application APPLICATION INSTRUCTIONS

- Complete all items on each page of the application. If any item on the application does not apply to you, write “N/A”. If you need more space than is provided, attach a separate sheet of paper, indicate the question number you are answering and type/write your response.
- All documents listed on the checklist **must** be submitted with the application.
 - **Sample Manifest** (passenger log) must have **your** taxicab’s company name, address and phone number listed at the top. The manifest included in this packet is just an example of what the manifest should look like.
 - **Sample Vehicle Log** must have **your** taxicab’s company name, address and phone number listed at the top. The vehicle log included in this packet is just an example of what the vehicle log should look like.
 - **Zoning Clearance** is a document you must obtain from the City’s Planning and Economic Development Dept. The approved Zoning Clearance will allow you a home occupation exemption to do your taxicab business from your home.
 - **Brake Certificate** expires 90 days after date of inspection listed on certificate.
 - **Certificate of Coverage** must be submitted to SRPD by fax (707) 543-3557 or e-mail (srpdadmin@srcity.org) directly from your insurance company. It is the applicant’s responsibility to inform their insurance company.

Coverage Limits:
Minimum Limits: (1) \$500,000 combined single limit per accident or (2) \$250,000 Bodily Injury per person, \$500,000 Bodily Injury per accident and \$100,000 Property Damage per accident - for each taxicab that is owned and/or operated by the franchisee in the City of Santa Rosa, or that is otherwise used in the City of Santa Rosa by the franchisee pursuant to a business relationship with a taxicab driver.
- There is no application fee to open a taxicab franchise.
- Once Franchise Application is approved by the Lieutenant, you will be contacted to return to our office to review and sign the Franchise Agreement.
- Vehicle or cab numbers will be assigned by the Police Department
- Franchises are not required to be renewed. Once approved it remains active until franchise closed or terminated by owner or SRPD.
- Driver and vehicle permits cannot be accepted under new franchise agreement until agreement is approved and signed by the City Attorney’s Office.

PROCESSING YOUR APPLICATION AND FRANCHISE AGREEMENT MAY TAKE 4 TO 6 WEEKS

APPLICATIONS WILL NOT BE ACCEPTED IF ALL PARTS OF THE APPLICATION, AND SUPPORTING DOCUMENTS FROM THE CHECKLIST, ARE NOT INCLUDED OR COMPLETED AT THE TIME APPLICATION IS SUBMITTED.



Date Submitted:

FRANCHISE APPLICATION

(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

Applicant: You must complete each item on all pages of the application. City personnel will check off the items for you when application is submitted.

Proposed Taxi Company Name: _____

Owner Name(s): (Attach separate Personal Information and Authorization to Release sheets for each owner)

Name _____

Phone ()

Present the following documents

- Owner Information.
- Personal Information Sheet from franchise owner
- Completed and signed Criminal History from franchise owner.
- If a Corporation, Articles of Incorporation, as well as a listing of officers and individuals owning 10% or more of the Corporation's stock.
- Sample manifest (passenger log) with company name, address, and phone indicated at the top.
- Rate card indicating **all** rates to be charged.
- Two (2) color drawings or photographs of the proposed vehicle color scheme, lettering, and monograms or insignia to be used on the vehicle(s).
- Zoning Clearance from the City of Santa Rosa Community Development Department only, if based in Santa Rosa.
- A visual inspection of all taxicabs by the Police Department will be made to verify compliance with the ordinance.
- Vehicle numbers will be assigned by the Police Department.
- Department of Motor Vehicles registration for each vehicle showing that the vehicle is registered as a taxicab.
- A certificate of accuracy from the County of Sonoma Division of Weights and Measures for each vehicle's meter.
- Certificate of Insurance for Comprehensive Liability and for Comprehensive Auto Liability. (To be received directly from the insurance company. May be faxed to 707-543-3557.) As specified in Section 6-87.340. **If your business is not an LLC (Limited Liability Company) or INC (Incorporation), 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.**
- Vehicle brake certificate from a certified California Brake Station for each vehicle.
- Proof of insurance by the insurer of each vehicle. (These documents will be photocopied for City records.)

PROCESSING YOUR APPLICATION AND FRANCHISE AGREEMENT MAY TAKE 4 TO 6 WEEKS

POLICE CHIEF or DESIGNEE:

This application is: APPROVED

DENIED

Signature: _____ Title: _____ Date: _____



SRPD Franchise #
Finance Dept B/L

Please type or print clearly in ink. If additional space is necessary to complete an answer, complete on additional sheet(s) indicating question number being answered. For attachments/exhibits must be clearly identified in this application and properly labeled.

Date of Application: _____

BUSINESS

1. Name of Business [If your business is not an LLC (Limited Liability Company) or INC (Incorporation), 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.]:			
2. Principal location of Business (include street, city, and zip code):			
3. Mailing Address, if different (include street, city, and zip code):			
4. Business Phone:	Fax Number:	Cell Phone:	Email:
5. List names and addresses of each officer, director, stockholder (holding more than 10%), partner and financially interested person(s). Attach additional sheet if necessary (include name, street address, city, zip code, and phone number):			
6. Name of Business Manager (include last, first, and middle name):			
7. Manager Address (include street, city, and zip code):			
8. Home Phone:	Business Phone:	Cell Phone:	
9. Number of employees presently employed by business: (Please submit a list of names, addresses, and dates of birth.) OR The business does not employ any employees and therefore does not carry workers' compensation insurance. I understand that I have a continuing duty to promptly update this application and provide evidence of workers' compensation to the City in the event the business employs any individual during the term of any City franchise agreement. _____ (initials).			

PERSONAL

10. Applicant's name (include last, first, and middle name):			
11. Other names, maiden name or alias (including nicknames), you have used or have been known by:			
12. Residence Address (include street, city, and zip code):			
13. Mailing Address, if different (include street, city, and zip code):			
14. Please list the local telephone number(s) at which you can be contacted: Home: _____ Work: _____ Cell: _____			
15. Email:			
16. Date of Birth:		Place of Birth:	
17. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No - VISA # _____			Social Security No: _____
18. Driver's License # <i>[A photocopy (front and back) of license will be taken by Police personnel.]</i>		State:	Date Issued:
			Expiration Date:
19. For the purpose of identification, please provide the following information: Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____			

CRIMINAL HISTORY [Pursuant to Santa Rosa Municipal Code, Chapter 6-87

Failure to list all criminal convictions may result in a denial of your application. This page MUST be completed. If there is no criminal conviction history, write "NONE" or "N/A".

Date	Place (City and State)	Reason (Violation)

Are you currently:

On probation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	Charges:
On parole?	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	Charges:
Required to register pursuant to Penal Code section 290 (sex registrant)? <input type="checkbox"/> No <input type="checkbox"/> Yes			

20. Please attach a listing of all vehicles to be used to carry passengers. Please include year, make and model of the vehicle, license plate number and VIN number. (Please see attached Sample Vehicle Log for your convenience.)
21. Rates to be charged (Provide sample rate card).
22. Identify by way of drawing or photograph(s) the color scheme, name, monogram or insignia which is to be used on the vehicles in the City of Santa Rosa.
23. Address where vehicles will be garaged when not in use:
24. What type of communication system between taxis and dispatcher will be used:
25. Will the applicant's vehicles be serviced and/or maintained at applicant's own facility? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain:

26. Provide detail on how the applicant proposes to provide service in the City of Santa Rosa, including the number of vehicles, vehicles on duty per shift, number of drivers, proposed hours and days of operation and will applicant offer 24-hour service?

27. Does the applicant currently conduct a taxicab business in another jurisdiction(s) in California at the time of this application? Yes No. If yes, please explain. Please list the jurisdiction(s), contact person(s) and telephone numbers(s) [with area code(s)] and the date when service began in each jurisdiction.

28. Please provide information on whether the applicant has had an operating permit, franchise, license or other authorization to operate a taxicab business revoked, suspended or canceled and the reasons why. Please indicate the jurisdiction where this took place.

29. Does the applicant currently lease cabs to drivers. Yes No. If yes, please explain. Note: If the applicant plans to lease vehicles to the drivers, please provide a sample copy of the lease agreement and the cost to the driver.

30. All applicants are required to have insurance coverage which meets the requirements of the City. Applicant shall submit to the Santa Rosa Police Department evidence of the insurance coverage as required by Section **6-87.340** before the franchise can be issued. Evidence of insurance must include the name, address, and telephone number of the insurer and the name, telephone number, and address of the insurer's agent if applicable. The City must be named as an additional insured on the Certificate of Insurance.

31. The City reserves the right to request additional information as it may deem necessary to make a determination on the application for a taxicab franchise.

32. I declare under penalty of perjury that the foregoing is a true and correct statement. I further declare under penalty of perjury that I have omitted no item requested to be answered and have included a full and correct answer to each to the best of my knowledge and belief. I hereby authorize the Santa Rosa Police Department to make whatever inquiries are necessary to verify the truth of these 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.

Signature of Applicant

Printed Name of Applicant



TAXICAB FRANCHISE INDEMNITY/ HOLD HARMLESS AGREEMENT
(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

Applicant shall, to the fullest extent permitted by law, indemnify, protect, defend and hold harmless the City of Santa Rosa, its employees, officials and agents from any claim, action or proceeding brought against them arising out of or relating to the exercise of any right or privilege granted by the franchise applied for and/or the negligence, recklessness or willful misconduct of the applicant, its officers, employees, or agents (including independent contractors) under or by virtue of the provisions of the taxicab ordinance or the franchise by which the applicant operates in the City.

This indemnification shall include, but is not limited to, all damages, costs of suit, attorney's fees, expert witness fees or other expenses incurred by the City, its employees, officials or agents.

If there is a possible obligation to indemnify, the applicant's duty under this agreement exists regardless of whether it is ultimately determined that there is no obligation to indemnify.

This obligation to indemnify shall not extend to any liability arising solely from the negligence or intentional misconduct by the City.

If for any reason any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

I have read and agree to all of the above.

In witness thereof, this Indemnity and Hold Harmless Agreement is executed on this date _____, 20____.

Company Name: _____

Owner (Print): _____ Owner Signature: _____

Owner (Print): _____ Owner Signature: _____

Owner (Print): _____ Owner Signature: _____

Owner (Print): _____ Owner Signature: _____

Owner (Print): _____ Owner Signature: _____



City of
Santa Rosa

TAXICAB DIAGRAM LOCATION OF IDENTIFIERS

(Pursuant to Santa Rosa Municipal Code, Chapter 6-87.180
and California Vehicle Code, §27901)

OWNER-APPLICANT: Use this form to assist in submission of color scheme, logo, and lettering information.

The dome light marker on top of the vehicle shall read the same as the company name printed on both sides and the rear of the vehicle or shall only read "Taxi."
[SRMC 6-87.180(B)(5)]

Taxi company name must be displayed on both sides of vehicle and the back. [SRMC 6-87.180(B)(1)]

City of Santa Rosa Vehicle Permit must be displayed on the lower left corner of the rear window. (New stickers are issued annually upon receipt of new inspection reports.)
[SRMC 6-87.180(B)(6)]

Vehicle Number assigned by the City must be displayed on both left and right front fenders, and on the right side of the back door or trunk lid.
[SRMC 6-87.180 (B)(3)]

All lettering and numerals must be at least three (3) inches in height [SRMC 6-87.180 (B)(1)]. The colors must contrast with the background [SRMC 6-87.180 (B)(4)]. The letters and numerals must readily legible in daylight from a distance of fifty (50) feet. (CVC 27901).



SAMPLE MANIFEST/PASSENGER LOG

Company Name
Company Address * Company Phone

Date:		Driver #		Driver Name:				
Cab #		VIN#			Shift Start:		Shift End:	
	Time: Pick up	Time: Drop off	Pick Up location	Destination		# PAX	Rate used:	Fare
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

SAMPLE VEHICLE LOG

Business Name:

Business Address:

Business Phone:

Cab #	Vehicle Year	Make	Model	Vehicle License Plate #	Vehicle Identification Number (VIN)	# Of Passengers