



**City of Goleta**  
**130 Cremona Dr, Suite B • Goleta, CA 93117 • P: (805) 961-7500 • F: (805) 685-2635**  
**Taxicab Operator Application**

**Annual Fees- Required**

- Annual Fee \$104.00
- First Time Admin Fee \$27.00
- Renewal Admin Fee \$17.00
- City of Goleta Taxi Stickers \$5.00 EACH

\* Annual Fee includes \$4 State Fee

**Items Required:**

- Copy of SANTA BARBARA COUTY Taxi License
- Copy of current insurance certificates\*
- List of drivers and vehicles to be covered under request license

\*All vehicles must have City of Goleta taxi stickers

First time applying     Renewal. This is my license # \_\_\_\_\_     Updated information

<b>Please print Clearly</b>	
Taxi Company Name	Phone No.

Business Address (Mailing Address)	City, State, Zip
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Federal ID # (or SSN if sole proprietorship)	State Employer ID # (if applicable)
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<b>Owner Information</b>	
Owner Name	Phone No.

Home Address	City, State, Zip
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Drivers License #	Social Security #	Email
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**Will this business employ minor children?**

<input type="checkbox"/> No (We) will not employ minors.	<input type="checkbox"/> Yes (Work permits for all minors must be attached.)
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**Have you, or to any knowledge have any of the principals in this business ever been convicted of a crime?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, give circumstances:	Initial here: <b>(Required)</b>
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**Is this business subject to any injunction or restrictive court order?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, give circumstances:	Initial here: <b>(Required)</b>
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**Has your Taxicab Operator License ever been denied, revoked, or suspended?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, give circumstances:	Initial here: <b>(Required)</b>
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I understand that I am subject to the regulations and requirements for business licenses set forth in the City of Goleta Code, and agree to comply with these requirements. I agree to use the license applied for only that activity and purpose stated in this application. I certify, under penalty of perjury, that the foregoing is true and correct.

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

Date \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY</b></p> <p>Zoning: <input type="checkbox"/> Approved    <input type="checkbox"/> Denied by: _____ Date: _____</p> <p>License: <input type="checkbox"/> Approved    <input type="checkbox"/> Denied by: _____ Date: _____</p> <p>License No. _____    Credit Card Payment?    <input type="checkbox"/> Yes</p> <p><i>Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:  The Division of the State Architect at: <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a>  The Department of Rehabilitation at: <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a>  The California Commission on Disability Access at: <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a></i></p>	<p><b>NEIGHBORHOOD SERVICES &amp; PUBLIC SAFETY DIRECTOR ENDORSE HERE:</b></p>
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