



FINANCE

2020 Center Street, Berkeley, CA 94704 Tel: 510.981.7200 TDD: 510.981.6903 Fax: 510.981.7210
Email: Finance@ci.berkeley.ca.us

CITY OF BERKELEY
**AUTOMOBILE FOR HIRE
BUSINESS OWNER'S APPLICATION**

- \$350.00 -
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Please Type or Print Clearly

Business Name: _____

Last Name _____ First Name _____

Street
Address _____

City: _____ State _____ Zip _____

Home Phone #: (____) _____ Message or work phone #: (____) _____

Email Address: _____

Federal Taxpayer Identification or social Security Number: _____
(if you have employees you are required to provide a Federal I.D. Number)

Number of vehicles owner wishes to operate in the City of Berkeley: _____

List the last (5) five digits of *each* vehicle identification number:

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Attach a *copy* of the company's fictitious name statement and a color photograph of your taxi color scheme.

Number of employees working in Berkeley: _____



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List below *each* employee's name, address, age and drivers license number.

Employees Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Driver's License Number: _____

Employees Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Driver's License Number: _____

Employees Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Driver's License Number: _____

Employees Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Driver's License Number: _____

Employees Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Driver's License Number: _____

Employees Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Driver's License Number: _____