

<p>PART 8 – PERMITS HELD IN OTHER JURISDICTIONS</p> <p>A. Attach a list of permits held in other jurisdictions and copies of said permits. Include the name, address, and telephone number of a representative of the jurisdictions where owner’s permits are held.</p> <p>B. Attach a list of any previous permit suspensions, denials, terminations, cancelations, or revocations in any jurisdiction and provide an explanation of the circumstances regarding the same. If you have never had any of these, a statement to that effect should be attached.</p>	<input type="checkbox"/>
<p>PART 9 – PAST EXPERIENCE OF APPLICANT & REFERENCES</p> <p>A. Attach, in resume format, information regarding your past experience as it relates to the operation of this business. Also include information regarding the past experience of the person to be in charge of the premises or business also in resume format.</p> <p>B. Attach at least one (1) letter of professional reference.</p> <p>C. Taxicab Operators only must also attach at least one (1) letter of personal reference.</p>	<input type="checkbox"/>
<p>PART 10 – OPERATING PLAN (Taxicabs Only)</p> <p>A. Attach a detailed explanation of how the business will be conducted containing at minimum, the follow information:</p> <p style="margin-left: 20px;">a. Staffing Plan</p> <p style="margin-left: 20px;">b. Description of how vehicle dispatching will take place</p> <p style="margin-left: 20px;">c. Routing Information (Jitneys Only)</p> <p style="margin-left: 20px;">d. Names of any and all contractors, sub-contractors, consultants and sub-consultants and a detailed description of the services that each will provide.</p> <p style="margin-left: 20px;">e. If applicable, a description of any innovative proposals of service to the public presented by the applicant including but not limited to guaranteed ride home programs, special services for the elderly and non-ambulatory persons and/or the use of vehicles utilizing clean fuel technology.</p>	<input type="checkbox"/>
<p>PART 11 – STATEMENT OF PUBLIC CONVENIENCE & NECESSITY (Taxicabs Only)</p> <p>A. Attach at least one (1) statement of public convenience and necessity from a prospective customer who resides or does business within the City of Glendale. Applications may also include any market research, business plan, or other information that demonstrates a need for your services.</p>	<input type="checkbox"/>
<p>PART 12 – SAFETY, TRAINING & SUBSTANCE ABUSE PROGRAMS</p> <p>A. Attach copies of all written materials regarding employee safety, training, and substance abuse testing programs as described in section 5.84.090.B.15-16 of the Glendale Municipal Code.</p>	<input type="checkbox"/>
<p>PART 13- PERSONAL AFFIDAVIT IN SUPPORT OF APPLICATION</p> <p>A. A City of Glendale Personal Affidavit in Support of Application (Form K-182) must be submitted by each person listed in this application, including the application, corporate officers, directors, owners, co-owners, and other persons in charge.</p>	<input type="checkbox"/>

Note: Upon submittal of this application, background checks of the applicant, owner(s), partners, one principal corporate officer, and the person in charge of the company’s Glendale operations will be conducted prior to review of the application. A review of this application by the Transportation & Parking Commission may be required.

CERTIFICATION OF INFORMATION IN APPLICATION

I certify that the information provided on this application and its attachments is complete and accurate. I further certify that I have read Title 5, Chapter 84 of the Glendale Municipal Code, 1995 and any attached Ordinances of the City of Glendale and know the contents thereof, and that if granted a permit pursuant to said Code, will comply with all conditions. I further certify that I acknowledge that the application fee is not refundable. I also agree to make a diligent effort to provide a child passenger restraint system in compliance with section 5.84.375 of the Glendale Municipal Code.

Applicant’s Signature

Date

Print Name

Title

SIGNATURE MUST BE WITNESSED BY STAFF

Witness Name

Date