



**City of
Santa Monica**

Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200

P: 310-458-8745 • F: 310-451-3283
E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

**SANTA MONICA BUSINESS LICENSE
VEHICLE FOR HIRE
SUPPLEMENTAL FORM**

OFFICIAL USE ONLY

BL #:

Date:

Inspector approval:

Decal #:

When applying for or renewing your Business License online, please upload this document.

BUSINESS ENTITY INFORMATION

1	Legal Business Name:	DBA:
2	Vehicle Storage Address: <small>(When not for hire or in operation)</small> <i>Number</i> <i>Street</i> <i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i>	
3	Provide the nature of driver relationship. Drivers are: <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Employees <input type="checkbox"/> Both	

FEES AND RATES

4	Passenger Fees: <input type="checkbox"/> Flat fee <input type="checkbox"/> Rate Per Mile <input type="checkbox"/> Free
5	Provide a detailed description of the business operations and revenue sources other than the transportation of passengers:
6	Please list below any other jurisdictions in which the company is permitted to operate:

VEHICLE INFORMATION (attach separate list for additional vehicles)

7	Vehicle 1 Identification: _____ _____ _____ _____ <i>Make</i> <i>Model</i> <i>Year</i> <i>Serial Number</i>
	How many passengers will the vehicle safely carry? Color of vehicle:
8	Vehicle 2 Identification: _____ _____ _____ _____ <i>Make</i> <i>Model</i> <i>Year</i> <i>Serial Number</i>
	How many passengers will the vehicle safely carry? Color of vehicle:

REQUIRED SUPPLEMENTAL APPLICABLE DOCUMENTS

Please **provide a copy** of the following applicable documents:

- Map of routes to be used and general service area—including routes intended for use in Santa Monica.
- List of Passenger Fees—On a separate sheet, please provide any fees charged for the service of transporting passengers.
- Proof of Insurance—Certificate of Insurance or Acord form that shows the vehicle coverage of 1,000,000.00 and the additional insured/certificate holder as the City of Santa Monica.

ACKNOWLEDGEMENT & CONFIRMATION

I certify that it is my intention to have the vehicle identified in this application operate as a vehicle for hire in the City of Santa Monica; I have ensured that the vehicle meets the requirements outlined in Chapter 6.50 of the Santa Monica Municipal Code and the Santa Monica Vehicle Rules, and I will ensure that the vehicle continues to comply with all applicable regulations.

_____ _____ _____
Signature *Print Name* *Date*

OFFICE USE ONLY

Inspection Date:	Inspector Initials:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Decal #	Vehicle #	Re-inspection Date: Notes:

CITY OF SANTA MONICA BUSINESS LICENSE VEHICLE FOR HIRE - SUPPLEMENTAL FORM