CITY OF AGOURA HILLS

TAXI CAB PERMIT PROGRAM

TAXI VEHICLE REGISTRATION APPLICATION

Applicant Name: _____ Citizenship: _____

Business Name: _____ City Business License # : _____

Business Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Number of Vehicles Operated: _____

Vehicle 1) Make: _____ Model: _____ Year:_____ VIN #_____

Vehicle Horsepower: _____ Seat Capacity: _____

License #: _____ Does ownership certificate or title have a "salvage" destination?: ❑ Yes ❑ No

Has the vehicle been previously damaged? ❑ Yes ❑ No If yes, state nature of such damage _____

_____

Vehicle 2) Make: _____ Model: _____ Year:_____ VIN #_____

Vehicle Horsepower: _____ Seat Capacity: _____

License #: _____ Does ownership certificate or title have a "salvage" destination?: ❑ Yes ❑ No

Has the vehicle been previously damaged? ❑ Yes ❑ No If yes, state nature of such damage _____

_____

Vehicle 3) Make: _____ Model: _____ Year:_____ VIN #_____

Vehicle Horsepower: _____ Seat Capacity: _____

License #: _____ Does ownership certificate or title have a "salvage" destination?: ❑ Yes ❑ No

Has the vehicle been previously damaged? ❑ Yes ❑ No If yes, state nature of such damage _____

_____

continued on back →

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Vehicle 4) Make: _____ **Model:** _____ **Year:**_____ **VIN #**_____

Vehicle Horsepower: _____ **Seat Capacity:** _____

License #: _____ **Does ownership certificate or title have a "salvage" destination?:** ❑ **Yes** ❑ **No**

Has the vehicle been previously damaged? ❑ **Yes** ❑ **No** **If yes, state nature of such damage** _____

_____

I declare, under the penalty of perjury under the laws of California, that the foregoing is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

DO NOT WRITE IN THIS BOX – FOR OFFICIAL USE ONLY

Taxi Vehicle Registration Fee New:$_____ Renewal:$_____ Collected by:_____ Date: _____

Effective Date: _____ Expires:_____

Comments: _____

_____

_____

Staff Initials: _____