

# Monterey County Regional Taxi Authority

## Taxicab Company Owner Permit Application



**Monterey-Salinas Transit  
One Ryan Ranch Road  
Monterey, CA 93940  
Phone: 831-899-2558 Fax: 831-899-3954**

### **Permitting Hours:**

Monday through Friday (except holidays)  
9:00 a.m. – 4:30 p.m. by appointment only

***RTA and MST offices are closed on Holidays.***

## INTRODUCTION

### **Steps to Obtaining a Taxicab Company Owner Permit**

Please review the following: California Government Code Section 53075.5 requires local jurisdictions to regulate taxicabs. The **Monterey County Regional Taxi Authority (MCRTA)** has delegated this regulatory function to **Monterey-Salinas Transit**.

**The MCRTA Regulations page 5, Section 2.3**, defines a **Taxi Company Owner** as an entity whose primary responsibility is to dispatch taxicab vehicles that have been painted and clearly marked as belonging to the company's dispatch service. The taxi company may or may not actually own vehicles, which may or may not be leased to individual drivers. In addition to dispatching, the taxi company may employ drivers directly, who operate company-owned vehicles for a fixed fee. A taxi company may be owned by a single person, a group of persons, or a business entity, or every person, firm, or corporation that owns or has contracted for the use or control of any taxicab, whether as owner, lessee, or otherwise.

**Note: Individuals commonly known as “independent contractors” or “independent owner/operators” of taxicab services that are primarily dispatched by another taxicab company are not required to obtain a taxi company owner permit. For more information regarding what type of permit you are required to obtain, please consult RTA staff.**

**The MCRTA Regulations page 11, Section 22.2**, identifies Taxicab Company Owner permit application requirements. All persons or businesses applying for an owner's permit under this Section shall file with the RTA an application, under penalty of perjury, which shall include the following information, as applicable:

- The name, residence and business addresses of the applicant.
- Social security numbers, driver's license numbers, and dates of birth for all persons named in the application. If the applicant is a partnership or corporation, then the information shall be provided for each partner or corporate officer.
- Fictitious name under which the business is proposed to operate.
- Whether any license, permit, or certificate sought by the applicant has been denied, revoked, or suspended by any public agency, explaining in full the circumstances of any denial, revocation, or suspension.
- The number and type of vehicles proposed to be operated in the business, including year, make, model, license number, VIN, and company-assigned taxicab number.
- The color, name, monogram of insignia to appear on the vehicles.
- A complete schedule of fares or rates to be charged and services to be operated, demonstrating compliance with existing fares and rates as established by the RTA.
- The location where the business will be operated, including dispatch facilities, storage facilities, repair and maintenance facilities, and fuel dispensing operations.
- Copies of required insurance policies or, if not yet issued, a written statement from an insurer that such policies will be issued if the application is granted.

- A statement as to whether any applicant, partner, or corporate officer has been convicted in the last 7 years of any misdemeanor or crime, or violation of any municipal ordinance, the nature of the offense and the punishment or penalty assessed.
- The facts upon which the applicant believes tends to prove that public convenience and necessity require the granting of a permit.
- Such other information as the RTA may deem necessary for promotion of the public health, safety, and welfare.

**The MCRTA Regulations Page 6, Section 6**, identifies the following insurance requirements and hold harmless provisions:

- **Certificate of insurance**

It shall be unlawful to drive or operate any Taxicab within the Regional Taxi Authority Area unless the vehicle owner possesses current, valid vehicle liability in amounts and with conditions acceptable to the RTA and evidenced through certificates of insurance filed with the RTA.

- **Minimum requirements**

The owner’s insurance shall remain in full force, at a level at least equal to the minimum requirements of the Regional Taxi Authority, or the owner’s permit shall automatically be suspended until such time as full compliance with the requirements of this section are demonstrated to the MCRTA’s satisfaction.

- **Indemnification and hold harmless**

All taxicab owners and drivers authorized to operate within the Regional Taxi Authority Area shall, and by acceptance of the RTA taxicab permit, do agree to hereby indemnify, defend and hold harmless RTA and Monterey Salinas Transit, their member jurisdictions, their officers, employees and agents from any and all damages, claims, liabilities, costs, suits, or other expense resulting from, or arising out of, taxicab operations.

### **Steps to Obtaining a Taxicab Owner Permit**

**Step #1**            Obtain and review a copy of the Monterey County Regional Taxi Authority Regulations

**Step #2**            Complete a Taxicab Company Owner Permit Application Package

**Step #3**            Obtain Money Orders, Cashier’s Checks, or Company Business Checks

**All fees are made payable to the Monterey County Regional Taxi Authority.**

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Application Fee – New	\$1,000.00	includes one vehicle dispatched & one Live Scan fingerprinting
Application Fee – Renewal	\$1,000.00	includes one vehicle dispatched & one Live Scan fingerprinting
Vehicle	\$300.00	for each additional vehicle dispatched

**Note:** Business checks must be presented to the Monterey County Regional Taxi Authority by an authorized company representative with the business name and address clearly imprinted (not handwritten) on the check (no temporary business checks will be accepted).

**Step #4**      Live Scan Fingerprinting and DOJ Background Check

All applicants (owners, partners or corporate officers) must receive “Live Scan” fingerprints and DOJ background checks.

**Step #5**      Submit Taxicab Owner Permit Application Package

**Taxicab Owner Permit Applications are only accepted by appointment.** *See location and office hours.* All applicants must present either a valid driver’s license or state issued photo identification.

**Applicants are required to bring the following to their application appointment:**

1. Completed Monterey County Regional Taxi Authority Taxicab Owner Permit Application package (with attachments).
2. Money order/cashier’s check/business check for made payable to Monterey County Regional Taxi Authority.
3. Valid California Driver License or California ID card.

**Important: Incomplete applications will not be accepted.**

**Step #6**      Application Review by RTA Board of Directors

**The MCRTA Regulations page 11, Sections 22.4 and 22.5,** identify the Taxicab company owner’s permit application review process:

- **Preliminary investigation** - Upon receipt of an application for an owner’s permit under this Section, the RTA staff shall undertake a preliminary investigation to verify the criminal history information submitted by the applicant and shall submit the applicant’s fingerprints to the State of California for criminal history review.
- **Application review process** - The RTA shall review the application and the recommendation from the Authority staff to determine if it appears there is a need and necessity for the taxicab services proposed, and whether the applicant meets the requirements of the RTA Regulations and ordinances. The RTA may require the applicant to provide financial information and other documentation to demonstrate the ability to appropriately and lawfully operate the taxicab business proposed. The application shall be reviewed by the RTA at a noticed public hearing.
- **Application approval requirements** - The Regional Taxi Authority shall approve any such application only if the following findings are first made:
  - The applicant is financially responsible as determined by the RTA.
  - The applicant is of good moral character consistent with federal, state, and local laws for the public services that will be provided by the owner.
  - Existing taxicab businesses are not adequately serving the public with respect to taxicab services.
  - Such additional taxicab service will not result in a greater hazard to the public or create substantial traffic or parking problems.

- **Application denial** - The application shall be denied if any of the following finds are first made:
  - The public convenience and necessity do not require the proposed service.
  - The application fails to contain any of the required information as set forth above.

**The MCRTA Regulations page 12, Section 22.7**, identify situations that could result in suspension or revocation of a taxicab company owner's permit for a violation of any ordinance relating to traffic or use of streets or any of the following provisions: for a failure to pay any judgment for damages arising from the unlawful or negligent operation of the public motor vehicle for which any owner's permit was issued; for conduct on the part of any owner which is not conducive to proper service to the public, or to proper relationships with any competitive owner; or for, but not limited to any of the following reasons:

- Providing late, false, or inaccurate information in the owner's permit application;
- Allowing operation of a taxicab by a driver not possessing a valid RTA driver permit stating that the driver is affiliated with the permittee;
- Failure to comply with the MCRTA Regulations;
- Failure of authorized drivers to comply with the MCRTA Regulations;
- Operation of any taxicab at a rate higher than the authorized fares;
- Failure to comply with the participating jurisdictions' law enforcement officers, code enforcement officers, Authority staff, and/or California Highway Patrol;
- Operating its business without the insurance required in the MCRTA Regulations;
- Failure to comply with the drug and alcohol policy requirements in the MCRTA Regulations;
- Failure to fully satisfy any court judgment entered against the company arising from liability for operating taxicabs, including but not limited to, judgments related to collisions or operating without the requisite insurance, within 15 years after the judgment was originally entered; or
- Being held liable under any judgment, decision or determination by any public or regulatory agency for operating taxicabs without the requisite insurance after the adoption of these regulations.



## Owner or Principal Officer Filing as Primary Applicant

Position/Title:			
Last Name:		First Name:	Full Middle Name:
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	MCRTA Permit#:
Home Phone # (    )	Date of Birth:		<input type="checkbox"/> I am at least 21 years old
Social Security #:	CA Driver Lic. #:	CA DL Expiration Date:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth: City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:
Have you ever been convicted of a crime:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required to register as a sex offender:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answer YES to any of these questions, you must provide additional details below.</i>			
Use this area to explain why your business represents a public convenience:			

List all felony and/or misdemeanor convictions. **Provide details of any requirement to register as a sex offender. Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details
Use this area to further explain any item above. Attach additional sheets if needed.			
Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance, or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If yes, please explain using a separate sheet of paper.)			

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Additional Applicant #1

Position/Title:			
Last Name:	First Name:	Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	MCRTA Permit#:
Home Phone # (    )	Date of Birth:	<input type="checkbox"/> I am at least 21 years old	
Social Security #:	CA Driver Lic. #:	DL Expiration Date:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth: City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:
Have you ever been convicted of a crime:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been required to register as a sex offender:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If you answer YES to any of these questions, you must provide additional details below.</i>			
Use this area to explain why your business represents a public convenience:			

List all felony and/or misdemeanor convictions. **Provide details of any requirement to register as a sex offender. Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details
Use this area to further explain any item above. Attach additional sheets if needed.			
Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance, or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If yes, please explain using a separate sheet of paper.)			

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Additional Applicant #2

Position/Title:			
Last Name:	First Name:	Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	MCRTA Permit#:
Home Phone # (     )	Date of Birth:	<input type="checkbox"/> I am at least 21 years old	
Social Security #:	CA Driver Lic. #:	DL Expiration Date:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth: City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:
Have you ever been convicted of a crime:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been required to register as a sex offender:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answer YES to any of these questions, you must provide additional details below.</i>			
Use this area to explain why your business represents a public convenience:			

List all felony and/or misdemeanor convictions. **Provide details of any requirement to register as a sex offender. Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details
Use this area to further explain any item above. Attach additional sheets if needed.			
Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance, or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If yes, please explain using a separate sheet of paper.)			

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Additional Applicant

Position/Title:			
Last Name:	First Name:	Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	MCRTA Permit#:
Home Phone # (    )	Date of Birth:	<input type="checkbox"/> I am at least 21 years old	
Social Security #:	CA Driver Lic. #:	DL Expiration Date:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth: City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:
Have you ever been convicted of a crime:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been required to register as a sex offender:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this area to further explain any item above. Attach additional sheets if needed.			
Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance, or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If yes, please explain using a separate sheet of paper.)			

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Primary Applicant Declaration**

I, the undersigned, hereby declare under penalty of perjury that all answers to the questions posed herein and the documents provided as additional attachments, are true and correct to the best of my knowledge. I understand that any fraudulent statements or misrepresentation may be cause for denial or revocation of any permit granted to me. I have received and read the Monterey County Regional Taxi Authority Regulations.

**Primary Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MCRTA TAXICAB OWNER PERMIT  
TAXICAB BUSINESS MANAGEMENT LIST**  
(May attach computer generated list)

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**TAXICAB COMPANY OWNER NAME**

Full Name (please print)	Signature	Position/Title	Telephone Number	Can Sign Driver Permit Applications
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES
				<input type="checkbox"/> YES

**MCRTA TAXICAB OWNER PERMIT  
AUTHORIZED DRIVER LIST**  
(May attach computer generated list)

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**TAXICAB BUSINESS NAME**

<b>Last, First, Middle</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>DL#</b>	<b>Driver Permit # &amp; Jurisdiction(s)</b>

**MCRTA TAXICAB OWNER PERMIT**  
**TAXICAB VEHICLE LIST**  
(May attach computer generated list)

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**TAXICAB COMPANY OWNER NAME**

<b>Year, Make, Model</b>	<b>License Plate</b>	<b>VIN</b>	<b>Fleet Number</b>	<b>Permit #</b>

## Principal Place of Business

A taxicab owner must have a principle place of business from which it conducts its activities as a Taxicab business, including dispatch of Taxicabs, and related activities. (Multiple locations for other activities such as storage, maintenance/repair, etc., are allowed).

- I do not have a Principle Place of Business
  
- I have a Principle Place of Business. The following is a list of locations(s) and detailed description of the activity that will be conducted relating to the taxicab business operations.

**Address #1:**

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**City:**

**Zip Code:**

**Phone:**

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**Activity(ies) performed at this address:**

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**Address #2:**

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**City:**

**Zip Code:**

**Phone:**

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**Activity(ies) performed at this address:**

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RTA has the authority to check the above information for accuracy and compliance. Any violation will subject a company to Adverse Administrative Action, up to and including revocation of an owner's business permit.

**Taxicab Owner:**

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**Print Name:**

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**Signature:**

**Date:**

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## 24-Hour Live Human Response Dispatch System

**The MCRTA Regulations page 6, Section 4**, requires continued operation of the taxi dispatching business. Every person holding a taxicab company owner's permit under the provisions of the MCRTA Regulations shall regularly and daily operate the taxicab business within the Regional Taxi Authority Area to the extent reasonably necessary to meet public demand for such service on a 24-hour-a-day basis. Failure to comply with this provision shall constitute abandonment of service and the RTA, after a noticed public hearing, may revoke the owner's permit if a violation of this section is demonstrated. The RTA Board of Directors, under its sole discretion, may elect to grant an exception to the 24-hour-a-day requirement.

- My business does not have a 24-Hour Live Human Response Dispatch System, and I request a hearing of the RTA Board of Directors for an exception to the 24-hour-a-day requirement.
- My business has a 24-Hour Live Human Response Dispatch System. Below is a list of telephone number(s) to be used for the 24-Hour Live Human Response Dispatch System.

Phone #

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Phone #

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Phone #

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RTA has the authority to check the above information for accuracy and compliance. Any violation will subject a company to Adverse Administrative Action, up to and including revocation of a company's business permit.

Taxicab Owner:

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Print Name:

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Signature:

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Date:

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