CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT
BUSINESS SERVICES BUREAU

VEHICLE FOR HIRE APPLICATION

1. Business License Application

2. Application for an Ambulance or Wheelchair/Gurney Van Permit

3. Financial Statement

4. Proof of Current Insurance
   - Certificate of Liability Insurance
   - Vehicle for Hire Endorsement
   - Additional Insured (AI) Endorsement (form ISO CG 20 26 11 85)

5. Proof of vehicle Inspection
   a. Ambulance Vehicle Inspection Contact:
      California Highway Patrol
      P.O. Box 942898
      Sacramento, CA 94298

   b. Ambulance and Wheelchair/Gurney Transport Vehicle Inspection Contact:
      City of Long Beach Fleet Services
      Attn: Jock Lewis
      (562) 570-5422

6. Ordinance No. 7277

7. Non-Refundable filing fee of $853.00 made payable to: City of Long Beach
   a. Mail to: City of Long Beach
      Attn: Marla Camerino
      Business License Division
      411 W Ocean Blvd 6th Floor
      Long Beach, CA 90802

If you have any questions, please contact Marla Camerino, Administrative Analyst, at 562-570-6162 or by email at marla.camerino@longbeach.gov.

CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT
BUSINESS SERVICES BUREAU

VEHICLE FOR HIRE/NON-EMERGENCY MEDICAL TRANSPORT APPLICATION

(All forms must be typed or printed in blue or black ink)

Section A – Application Type	
☐ Vehicle for Hire	☐ Non-Emergency Medical Transport

Section B – Type of Permit Requested (Check Only One Per Application)
☐ Vehicle for Hire (PUC Regulated)
☐ Vehicle for Hire (non-PUC Regulated)
☐ Ambulance
☐ Wheelchair/Gurney Van

Section C.1 – Business Information			
LEGAL BUSINESS NAME (CORPORATION/LLC/PARTNERSHIP/ASSOCIATION/SOLE PROPRIETOR):			
DOING BUSINESS AS (DBA):			
PLACE AND DATE OF FILING OF FICTITIOUS BUSINESS NAME (DBA):			
APPLICANT/BUSINESS PHONE:*	APPLICANT/BUSINESS EMAIL:		
BUSINESS SITE ADDRESS:			
MAILING ADDRESS:*	CITY:	STATE:	
ZIP CODE:	COUNTY:	COUNTRY:	

***Note: Contact information provided in these fields will be used by the City to communicate with applicant.**

Section C.2 – Ownership Structure

☐ Corporation	☐ Limited Liability Company (LLC)	☐ General Partnership
☐ Limited Partnership	☐ Limited Liability Partnership (LLP)	☐ Sole Proprietorship

CORPORATION OR LIMITED LIABILITY COMPANY (LLC):

NAME OF CORPORATION/LIMITED LIABILITY COMPANY(LLC):	
CORPORATION/LLC NUMBER:	
DATE AND PLACE OF INCORPORATION/ORGANIZATION:	
LOCATION HEADQUARTERS:	
FEDERAL TAX ID NUMBER:	
NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS DESIGNATED BY THE CORPORATION WITH THE CALIFORNIA SECRETARY OF STATE	
PLEASE NOTE: **ATTACH CERTIFIED COPIES OF ARTICLES OF INCORPORATION/ORGANIZATION AND STATEMENT OF INFORMATION/ORGANIZATION, AND ALL AMENDMENTS THERETO THIS APPLICATION.**	

GENERAL OR LIMITED PARTNERSHIP:

NAME OF PARTNERSHIP:
PLACE AND DATE OF FILING OF ARTICLES OR CERTIFICATE OF PARTNERSHIP OR LIMITED PARTNERSHIP:
PLEASE NOTE: **ATTACH CERTIFIED COPIES OF ARTICLES OF PARTNERSHIP OR LIMITED PARTNERSHIP, OR OTHER WRITTEN EVIDENCE OF PARTNERSHIP STATUS AND ALL AMENDMENTS THERETO THIS APPLICATION.**

SOLE PROPRIETORSHIP (INDIVIDUAL):

LAST NAME:	FIRST NAME:
HOME PHONE:	CELL PHONE:
EMAIL ADDRESS:	
DATE OF BIRTH:	PLACE OF BIRTH:
SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER AND ISSUING STATE:

Section D.1 – Owner(s) Information

NOTE: IF THE APPLICANT IS A CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP, LIST ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS, POSITION HELD, AND PERCENTAGE OWNED (IF APPLICABLE).

LAST NAME:	FIRST NAME:
RESIDENCE ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
DRIVER'S LICENSE NUMBER:	ISSUING STATE:
LAST NAME:	FIRST NAME:
RESIDENCE ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
DRIVER'S LICENSE NUMBER:	ISSUING STATE:
LAST NAME:	FIRST NAME:
RESIDENCE ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
DRIVER'S LICENSE NUMBER:	ISSUING STATE:
LAST NAME:	FIRST NAME:
RESIDENCE ADDRESS:	
PHONE:	EMAIL:
BUSINESS TITLE:	PERCENTAGE OWNED:
DATE OF BIRTH:	PLACE OF BIRTH:
DRIVER'S LICENSE NUMBER:	ISSUING STATE:

***Attach additional pages if necessary**

Section E – Address of Principal Place of Business

PREMISES PHYSICAL ADDRESS:

PHONE:

By checking this box, the business acknowledges all required records identified by the City shall be kept on the premises of the location seeking licensure.

BUSINESS OPERATIONS

ESTABLISHMENT HOURS OF OPERATION:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Number of Vehicles Operating in Long Beach and the area of the City to be served:

_____

_____

_____

Address and method of storage of vehicles:

_____

_____

_____

Address of dispatch location:

_____

_____

_____

Explain method of dispatching vehicles:

_____

_____

_____

_____

Provide a detailed description of services in Long Beach:

Explain training and certification requirements for employees:

Please provide vehicle record for the last three years:

Explain method used to monitor the quality of your service:

Attachment Requirements

1) Attach a business plan for the proposed service in Long Beach, including financial statements for the most current fiscal year
2) Attach a separate sheet listing all vehicles to be used in Long Beach, including license number, make, model, year, color, type, passenger capacity, condition and any company vehicle identification number(s). Also attach a copy of the current registration, proof of inspection and certification by the California Highway Patrol and proof that there are no outstanding parking or registration violations for each vehicle to be used in Long Beach.
3) Attach a copy of a policy liability insurance as required by L.B.M.C. Section 5.80.050.

The individual applicant or partner or an officer must sign this application below is the applicant is a partnership or corporation

The undersigned as _____ of _____ hereby declares under penalty of perjury that the information contained in this application for a permit including all attachments is true and correct.

Dated _____ at _____, CA

_____
Signature of Applicant

**********OFFICE US ONLY**********

Business License # _____ Date _____

Number of Proposed Vehicles _____ Accepted By: _____
(Business License Staff)

☐ City Attorney ☐ Health Department ☐ Financial Management (Accounting)
☐ Fire Department ☐ Development Services ☐ Police Department
(Please check one)

Date Received by Department: _____

Approval: ☐ Yes ☐ No

Basis for Denial:

_____

_____

_____

_____

Comments:

_____

_____

_____

_____

By: _____

Title: _____ Date: _____

FINANCIAL STATEMENT

Financial Statement of _____

ASSETS

Cash in Bank Checking Account……$_____

Cash in Bank Savings Account……..$_____

Cash in _____.....$_____
(Other-give name)

Accounts Receivable - Current……..…….$_____

Notes Receivable – Current……$_____

Current Value of Stocks and Bonds Listed on Exchanges……$_____

Other Current Assets Describe: _____

Total Current Assets $_____

Notes Receivable Secured by First Deeds, Mortgages or
Other Lien on Real Estate……..$_____

Account and Notes Receivable (In Arrears)……$_____

Due from Relative……$_____

Stock and Bonds not Listed Exchange……$_____
(List on Separate Sheet)

Real Estate (List on Separate Sheet)……..$_____

Present Cash Surrender Value of Life Insurance
(Report Amount Borrowed in Other Liabilities)……$_____

Automobile(s): Make_____ Year_____.....$_____

Other Assets Describe: _____

Total Current Assets $_____

(CONTINUED ON NEXT PAGE)

FINANCIAL STATEMENT – CONTINUED

Give name and address of bank(s) or other financial institution and account number if applicable, familiar with applicant's position:

Name:	Address:

The undersigned as _____ of _____ hereby Declares under penalty, that the information contained in this Financial Statement is true and correct.

Dated _____ at _____, California.

_____
Signature of Applicant

The City of Long Beach reserves the right to require that this information be reviewed by a Certified Public Accountant.

VEHICLE FOR HIRE ENDORSEMENT

The insurer shall, within the limits set forth in the declarations, pay and satisfy any and all judgments imposed upon the insured or the operators of any of its vehicles by operation of the law for injuries to, or death of person(s) other than employees of insured, or damages to property and arising out of the operation of a motor vehicle of any kind or description for which a permit is required under the provisions of Chapter 5.80 of the Municipal Code of the City of the City of Long Beach as said provisions now exist or as hereafter may be amended. Said provisions are hereby referred to for further particulars and by this reference made part of this endorsement.

This policy shall not be cancelled or the coverage materially reduced until the City of Long Beach, care of the City Manager, 411 West Ocean Boulevard, Long Beach, CA 90802, shall have in writing, by registered mail, at least thirty (30) days immediately prior to the time when such cancellation shall become effective.

The City of Long Beach, its officers, employees, agents, contractors, and invitees are hereby added as additional insured.

This policy will be considered primary insurance as respects any other valid and collectible insurance the City of Long Beach may possess, and any other insurance the City does posses will be considered excess insurance only.

This insurance will act for each insured and additional insured as though a separated policy had been written for each. This requirement, however, will not act to increase the limit of liability of the insurance company.

The provisions of this endorsement shall control over all the provisions of this policy or endorsement thereto which are inconsistent herewith. The provision of this endorsement shall not affect any right, which the insurer may have against the insured.

This endorsement is attached to and made part of:

Policy Number: _____

Issued to: _____

By: _____

_____ _____
Date Signature of Officer or Authorized Agent

IMPERATIVE: ONE (1) AGENT MUST SIGN BOTH CERTIFICATION AND ENDORSEMENT. WE CANNOT ACCEPT TWO DIFFERENT SIGNATURES.