

SAN FRANCISCO POLICE DEPARTMENT PEDICAB OPERATOR

Applicant's Name _____ Residence Phone _____
Last First Middle

Residence Address						
Number	Street	Apt.	City	State	Zip	

Sex Height Weight Eye Color Hair Color Date of Birth Place of Birth
 Driver's License Number State Social Security #

Other Names Used

Business Name/Employed by Cabrio Taxi

Business Address	201 Spear Street Suite 1100	San Francisco, CA	94105
Number	Street	Apt.	City State Zip

List your residence for the last five years (Use additional form if necessary)

List your employment for the last five years (Use additional form if necessary)

Have you ever been convicted or plead guilty to any Crime? Yes___No___

If yes, provide the information required below. Use additional firms if necessary. Failure to provide full information relative to prior convictions, guilty pleas or no contest pleas may be considered cause to deny the permit.

<u>Offense</u>	<u>Date</u>	<u>Place of Arrest</u>	<u>Disposition</u>

I declare under penalty of perjury that the foregoing is true and correct, executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

Name (print) _____ Signature _____ Date _____

VALIDATION SECTION

(If Validated, This Application constitutes a Temporary Permit)

Issued By: _____ Expiration Date: _____
Date Issued: _____ Chief of Police _____

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Chief of Police _____