



# City of Beaumont

Planning Department  
550 E. 6<sup>th</sup> Street  
Beaumont, CA 92223  
(951) 769-8518  
www.beaumontca.gov

Case No.	<u>PLAN2024-0130</u>
Receipt No.	_____
Fee \$	_____
Date Paid	_____

## AUTOMOBILE FOR HIRE APPLICATION

Application Type:    Taxicab    Ambulance    Other: \_\_\_\_\_

1. Applicant's Name Advantage Ambulance, Inc. Phone 8669623826

2. Applicant's Address 875 W 4th Street, Suite C, Beaumont, CA 92223  
City/State/Zip

Email Address: danielmartinez@advantageambulancesd.com

3. Business Name Advantage Ambulance, Inc. Phone 8669623826  
(If corporation or partnership application must include names of principal officers or partners)

4. Business Address 6180 Quail Valley Court, Riverside, CA 92507

5. Describe business activities (including location of the places where the applicant proposed to stand each automobile):  
Station for Ambulance Crew. Ambulance to be parked outside the bay door.  
\_\_\_\_\_  
\_\_\_\_\_

13. Area for additional comments, clarifications, etc.  
\_\_\_\_\_  
\_\_\_\_\_

14. **CERTIFICATION OF ACCURACY AND COMPLETENESS:** I hereby certify that to the best of my knowledge the information in this application and all attached answers and exhibits are true, complete, and correct.

Daniel Martinez, Advantage Ambulance Representative  
Print Name – Applicant

09/23/2024  
Date

Signature – Applicant