



SANTA ROSA POLICE

- New**
- Renewal**

Permit #:

Expiration:

TAXICAB DRIVER PERMIT APPLICATION CHECKLIST

Name: _____ Phone: _____

Taxicab Franchise Name: _____

Present the following documents to the Santa Rosa Police Department:

- Completed **Application** form (pg. 2 of packet)
- Completed and signed **Notice of Intent to Hire/Lease** – *only if hiring employees* (pg. 3)
- Completed and signed **Criminal History** (pg. 4)
- Signed **Authorization to Release Information** (pg. 5)
- Two (2) current 2" x 2" passport size color photographs
- Copy (front and back) of California Driver's License – *SRPD staff can make a copy*
- Payment of \$160.00 application fee (make check payable to City of Santa Rosa)
- For *new* permit only: copies of completed LIVESCAN form and receipt of payment
- Results of Drug and Alcohol test - results must be submitted to SRPD by fax or email directly from the laboratory *
 - Drug test (NIDA or 10-Panel) issued in past 30 days
 - Alcohol test (BAT) issued in past 30 days

* It is the applicant's responsibility to request that the laboratory email test results to srpdtraffic@srcity.org or by fax to 707-543-3615.

Santa Rosa Police Department will contact driver when their Driver permit has been approved and is ready for pick-up

To be completed by Police Personnel		
<input type="checkbox"/> New application: ILEADS, CLETS/DMV, DOJ, LIVESCAN received _____		
<input type="checkbox"/> Renewal application: ILEADS, CLETS/DMV, DOJ		
Police Personnel recommendations on the issuance of a permit to the applicant:		
	Initials:	Date:
Police Chief or Designee:		
Upon review, this application is:	Approved	Denied
Signature: _____	Title: _____	Date: _____

APPLICATION FOR TAXICAB DRIVER PERMIT

Pursuant to Santa Rosa Municipal Code, chapter 6-87

Name of taxicab company you will be driving for: _____

Address and phone number: _____

Please complete the following:

If additional space is necessary to complete any answer, please complete on additional sheet(s).

Date of application:		Office use: Attach photo here		
Name:				
Other names you have used or been known by (maiden name, alias):				
Residence address (include street, city and zip code):				
Mailing address, if different (include street, city and zip):				
Cell phone:	Other phone:	Email address:		
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, VISA #			Social Security Number:	
Date of Birth:	Age:	Place of Birth:		
Sex:	Height:	Weight:	Hair color:	Eye color:

Driver's License Number:	State:	Date Issued:	Expiration Date:

Have you ever had a permit to operate a taxicab issued to you by another city, county, or state that has been suspended or revoked? Please list by permit title, city, county and state of issuance: _____

NOTICE OF INTENT TO HIRE OR LEASE TAXICAB

Pursuant to Santa Rosa Municipal Code, Chapter 6-87

Important – driver may not drive until:

- Driver has been issued a Taxicab Driver’s permit
- Drug and alcohol tests have been completed and results proven negative
- Owner/manager and driver have discussed the rules and regulations set forth in the Santa Rosa Municipal Code, Chapter 6-87, Taxicab Services Ordinance

As the owner/authorized agent of (taxicab company name): _____

I intend to hire/lease (name of applicant): _____
as a taxicab driver, effective from the date he/she is added to the company insurance policy.

By signing below, you acknowledge these terms and agree to abide by the terms and conditions of the City ordinance.

Owner/Authorized Agent Signature

Date

Print Name

Title (Owner/Lessee)

CRIMINAL HISTORY

Pursuant to Santa Rosa Municipal Code, Chapter 6-87

Failure to list all criminal convictions may result in a denial of your application. This page *must* be completed. If there is no criminal conviction history, write "none" or "N/A".

Date of Incident	Location of Incident	List All Criminal Convictions, or "None"
Date	Place (City and State)	Reason (Violation)

Are you currently:

On probation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – List charges:
On parole?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – List charges:
Required to register pursuant to Penal Code section 290 (sex registrant)? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Signature (permit applicant) _____
Date

AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF SANTA ROSA POLICE DEPARTMENT

Pursuant to Santa Rosa Municipal Code, Chapter 6-87

I declare under penalty of perjury that the foregoing is a true and correct statement. I further declare under penalty of perjury that I have omitted no item requested to be answered and have included a full and correct answer to each to the best of my knowledge and belief. I hereby authorize the Santa Rosa Police Department to make whatever inquiries are necessary to verify the truth of these matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury and shall be grounds to deny or revoke the permit sought by this application.

Per the Taxicab Services Ordinance, Chapter 6-87.240(A)(2), the applicant has complied, or prior to the commencement of the operation of the vehicle, will comply with all the provisions of this ordinance.

Printed Name (permit applicant)

Signature (permit applicant)

Executed on _____, 20____ at Santa Rosa, Sonoma County, California.