

## **TAXICAB DRIVER PERMIT**

APPLICANT CHECKLIST

### 

**Applicant’s Name**  \_\_\_\_\_\_\_\_\_\_ **Phone** **\_**

|  |  |  |
| --- | --- | --- |
| **NEW APPLICANTS:** Present all completed documents at the time of your appointment in the order listed below. Applications will NOT be accepted if all parts of the application are not included or completed at the time your application is submitted.  Applicants should plan to come to the Sheriff’s Office at least 45 days before the permit expires to begin the renewal process. Packets submitted beyond one (1) year from the date of issuance will NOT be accepted and the applicant will need to apply for a new permit. Renewal applicants do NOT need to be fingerprinted, however they must submit or complete all of the same documentation as new applicants, i.e. those listed below. | | |
|  | Completed and signed Application for Taxicab Driver Permit form |
|  | Completed and signed Criminal History and Authorization to Release Information |
|  | Color copy (front and back) of California Driver’s License |
|  | Copy of drug test (NIDA or 10-Panel) issued in past 30 days |
|  | Copy of results from any drug test taken in last 6 months |
|  | Copy of alcohol test (BAT) issued in past 30 days |
|  | Payment of Taxi Cab Driver Permit Fee set forth by the Sonoma County Board of Supervisors; contact the Sheriff’s Office at (707) 565-2650 for current fee schedule. |
|  | Proof of Live Scan submission using a Sheriff’s Office “Request for Live Scan” form available on the Sheriff’s website at sonomasheriff@sonoma-county.org (The fingerprint requirement is for new applications only.) |
| Forms of payment accepted: 1) Cash, 2) Check (to “Sonoma County Sheriff’s Office”), 3) Cashier’s Check, 4) Money Order,  5) Visa or MasterCard (Note: Vendor charges an additional $9.95 for each transaction over $100.)  Be advised that when you present all completed documents, the Sheriff’s Office will print and review a copy of your Division of Motor Vehicles (DMV) driving history. After receiving notification that your driver’s permit request has been approved, you will be able to pick up your permit at the Sheriff’s Main Office at 2796 Ventura Avenue in Santa Rosa during normal business hours. **Permits issued will be valid for one year.**  **Tasks to be completed by Sheriff’s Office Personnel**:   * Criminal history check on fingerprints (LiveScan results) returned from Department of Justice   **🞎 ILEADS 🞎 CLETS 🞎 LIVE SCAN DATED:**  Initials: Date: SHERIFF or DESIGNEE: Upon review, this application is: ❑ APPROVED ❑ DENIED  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |



**Assigned Permit/ID:**

**Expires:**

**APPLICATION FOR TAXICAB DRIVER PERMIT**

**(Pursuant to Sonoma County Ordinance 6029)**

Complete all fields and type or print clearly in ink. If additional space is needed, use separate

sheet(s) of paper and indicate clearly the field name or question being answered. References to

any separate sheets must be clearly identified in this application and properly labeled.

Office Use: (Photo)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Application: | | | | |
| Name: | | | | |
| Other names you have used or been known by (maiden name, alias, nicknames): | | | | |
| Residence Address (include street, city, and zip code): | | | | | |
| Mailing Address, if different (include street, city, and zip code): | | | | | |
| Home Phone: | Cell Phone: | | Email: | | |
| Are you a U.S. citizen?  Yes  No - VISA # | | | | Social Security No: | |
| Date of Birth: | | Place of Birth: | | | |
| Sex:  Height:  Weight:  Hair Color:  Eye Color: | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Driver’s License Number:  (Color photocopy of license (front and back) to be provided by applicant). | State: | Date Issued: | Expiration Date: |

List the legal name(s) of the taxicab company(s) for which you will be driving**:**

For each of the above, provide the company’s address and phone number**:**

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:



##### **APPLICATION FOR TAXICAB DRIVER PERMIT continued**

##### **CRIMINAL HISTORY**

**(Pursuant to Sonoma County Ordinance 6029)**

Applicant must list below **ALL criminal convictions.** Failure to include all criminal convictions may result in a denial of your application**.** If the Applicant has no criminal conviction history, write “NONE” or “N/A”.

|  |  |  |
| --- | --- | --- |
| Date | Place (City and State) | Reason (Violation) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Are you currently:

|  |  |  |
| --- | --- | --- |
| On probation? | No  Yes: | Charges: |
| On parole? | No  Yes: | Charges: |
| Required to register pursuant to Penal Code section 290 (sex registrant)? No Yes | | |

**AUTHORIZATION TO RELEASE INFORMATION TO THE SONOMA COUNTY SHERIFF’S OFFICE**

**(Pursuant to Sonoma County Ordinance 6029)**

*Under penalty of perjury, I attest that all information submitted in support of this application is true and correct, that I have omitted no item requested to be answered, and have included a full and correct answer to each question to the best of my knowledge. I hereby authorize the Sonoma County Sheriff’s Office to make whatever inquiries are necessary to verify the truth of the 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.*

*If approved for a permit, I will comply with all of the provisions of the Taxicab Ordinance, Chapter 18, 6029 prior to the commencement of taxicab vehicle operation.*

***\_\_\_\_\_*     *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Applicant’s Printed Name Applicant’s Signature

**Executed on , 20\_\_\_\_ in the County of Sonoma in Santa Rosa, California.**