

**IF RENEWAL SUBMITTAL IS DELINQUENT, A NEW LIVE SCAN MAY BE REQUIRED**

**1. Please call the Finance Public Services at (805) 449-2201 for an appointment to submit the following requirements in person to the address listed above.**

- Completed Background Check Application and Applicant Attachment forms
- One recent facial front photo (2" x 2") taken within the last four (4) months
- Copy of a valid government-issued Driver's License or Identification card
- Controlled Substance and Alcohol Certificate for each taxicab driver. Certificate must be dated within thirty (30) days of the date of the application.
  - Self-employed Drivers (Independent Contractor). Testing Laboratory must submit the test results to the Thousand Oaks Police Department (TOPD). Taxi leasing company will be notified by TOPD of any positive results.

Thousand Oaks Police Resource Center  
Attention: Cadet C. Alonso  
2101 E Olsen Rd  
Thousand Oaks, Ca 91360
  - All other cases – Company owner completed the Controlled Substance and Alcohol Certificate Form
- Regulatory Permit Processing Fee (non-refundable) - \$60.00
- Payment of Permit Fees (\$15.00 + \$6.00)  
Decal Fee per vehicle (\$5.00) if required
- Completed Business License Renewal Notice for Independent Contractor  
Copy of the Business License Tax Certificate for Employee

**2. The background check application will be sent to the Thousand Oaks Police Department for background check approval. No taxi driving may take place in the City during the waiting period (2-6 weeks). An incomplete application will be placed on hold until missing items or information are received. No Business Tax Certificate or Permit will be issued until the background check is approved by the Thousand Oaks Police Department.**

**3. Upon receipt of the approval from the Thousand Oaks Police Department, the applicant will be notified by telephone or email to submit the following remaining requirements to Finance Public Services.**

**4. Taxi Permit is issued by the City.**



# CITY OF THOUSAND OAKS

## BACKGROUND CHECK APPLICATION

ATTACH  
PHOTO  
HERE  
PASSPORT PHOTO  
2" X 2"

<input type="checkbox"/> NEW  <input type="checkbox"/> RENEWAL  <input type="checkbox"/> UPDATE	PERMIT TYPE	<input type="checkbox"/> SOLICITOR - DOOR TO DOOR <input type="checkbox"/> MESSAGE ESTABLISHMENT <input type="checkbox"/> STREET VENDOR <input type="checkbox"/> SIDEWALK VENDOR <input type="checkbox"/> TAXI <input type="radio"/> OWNER <input type="radio"/> DRIVER	<input type="checkbox"/> PAWNBROKER <input type="checkbox"/> SECONDHAND DEALER <input type="checkbox"/> COMM'L CANNABIS OWNER <input type="checkbox"/> COMM'L CANNABIS EMPLOYEE <input type="checkbox"/> OTHER _____
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**PLEASE FILL OUT FORM COMPLETELY AND PRINT CLEARLY**

NAME OF APPLICANT LAST		FIRST		MIDDLE	
HOME ADDRESS: STREET NUMBER	STREET NAME		CITY	STATE	ZIP
CONTACT PHONE NUMBER	BUSINESS PHONE NUMBER		EMAIL ADDRESS		
OTHER NAMES USED (ALSO KNOWN AS)		DRIVER'S LICENSE OR ID #	DATE OF BIRTH: MO/DAY/YEAR	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Specified	
VEHICLE(S) OWNED – MAKE		MODEL	YEAR	LICENSE PLATE #	
BUSINESS NAME			BUSINESS PHONE NUMBER		
BUSINESS ADDRESS STREET NUMBER	STREET NAME		CITY	STATE	ZIP
DESCRIBE SERVICE PROVIDED AND/OR MERCHANDISE BEING SOLD					

**CONFIDENTIAL INFORMATION**  
ANY OF THE QUESTIONS BELOW FALSELY ANSWERED MAY RESULT IN THE DENIAL OF THIS APPLICATION

Have you ever been detained or investigated by any law enforcement agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been arrested for a misdemeanor or felony? (Including citations in lieu of booking)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had a license of any kind suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Explain any **YES** answers to the above questions. List all. Additional information may be listed on a separate page.

DATE	PLACE	CHARGE	DISPOSITION

I hereby certify that I have read and understand the foregoing and, under penalty of perjury, certify that the information provided on this application is true and correct. I understand that any information I have submitted that is found to be inaccurate or untruthful is grounds for denial of the application. I further certify that I have been provided a copy of the Thousand Oaks Municipal Code section applicable to my application, and that understand that any application fees paid to the City of Thousand Oaks are NOT REFUNDABLE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY						
Date Rec'd	Initial	CONTROL #	Permit # Background	<input type="checkbox"/> OL <input type="checkbox"/> OR	Amt Pd	Receipt #
Date To TOPD	Initial	Date Approved	Permit # Add'l Fees	<input type="checkbox"/> OL <input type="checkbox"/> OR	Amt Pd	Receipt #
Notes			Decal #:	Lic Paid	<input type="checkbox"/> Yes	Date Permit Issued



## APPLICANT ATTACHMENT

NAME OF APPLICANT LAST	FIRST	MIDDLE
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### LIST EACH RESIDENCE FOR THE FIVE (5) YEARS IMMEDIATELY PRECEDING APPLICATION DATE BEGIN WITH MOST RECENT ADDRESS

#### 1) HOME ADDRESS

STREET NO	STREET NAME	CITY	STATE	ZIP
DATE MOVED IN		DATE MOVED OUT		

#### 2) HOME ADDRESS

STREET NO	STREET NAME	CITY	STATE	ZIP
DATE MOVED IN		DATE MOVED OUT		

#### 3) HOME ADDRESS

STREET NO	STREET NAME	CITY	STATE	ZIP
DATE MOVED IN		DATE MOVED OUT		

#### 4) HOME ADDRESS

STREET NO	STREET NAME	CITY	STATE	ZIP
DATE MOVED IN		DATE MOVED OUT		

### LIST EMPLOYMENT HISTORY FOR THE FIVE (5) YEARS IMMEDIATELY PRECEDING APPLICATION DATE BEGIN CURRENT EMPLOYER INFORMATION

#### 1) EMPLOYER INFORMATION

BUSINESS NAME			BUSINESS PHONE NUMBER	
STREET NO	STREET NAME	CITY	STATE	ZIP
OCCUPATION		START DATE	END DATE	REASON FOR LEAVING

#### 2) EMPLOYER INFORMATION

BUSINESS NAME			BUSINESS PHONE NUMBER	
STREET NO	STREET NAME	CITY	STATE	ZIP
OCCUPATION		START DATE	END DATE	REASON FOR LEAVING

#### 3) EMPLOYER INFORMATION

BUSINESS NAME			BUSINESS PHONE NUMBER	
STREET NO	STREET NAME	CITY	STATE	ZIP
OCCUPATION		START DATE	END DATE	REASON FOR LEAVING

ADDITIONAL INFORMATION MAY BE PROVIDED ON A SEPARATE PAGE