



CITY OF THOUSAND OAKS

TAXI DRIVER PERMIT APPLICATION - RENEW

2100 E Thousand Oaks Blvd, Thousand Oaks, CA 91362-2996
Phone (805) 449-2201 · Fax (805) 449-2289 · Email businesslicenses@toaks.org

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. Hawkins
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.**

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



CITY OF THOUSAND OAKS

CONTROLLED SUBSTANCE AND ALCOHOL CERTIFICATION FORM

2100 E Thousand Oaks Blvd, Thousand Oaks, CA 91362-2996
 Phone (805) 449-2201 · Fax (805) 449-2289 · Email businesslicenses@toaks.org

Every applicant for a Taxi Driver Permit shall first take, and pass with negative results, a controlled substance and alcohol tests. Taxicab drivers shall take the tests on an annual basis as long as the Taxicab Driver's Permit is in use or in effect. The tests must be taken no more than thirty (30) days preceding the date the application is submitted.

For Self-employed Taxi 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 DEPARTMENT
 ATTN: CADET C. HAWKINS
 2101 E OLSEN RD
 THOUSAND OAKS, CA 91360

BUSINESS INFORMATION		
Name of Business		
Business Address		
Owner's Name	Is the owner also a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Phone Number

TAXI DRIVER INFORMATION				
Name of the Driver	Name of Testing Facility	Date Test Performed	Test Results	For Positive Results Drug/Metabolite for which test was positive
			<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
			<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
			<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
			<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
			<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
			<input type="checkbox"/> Negative <input type="checkbox"/> Positive	

LIST ADDITIONAL DRIVERS ON A SEPARATE SHEET, IF APPLICABLE.

I hereby certify that, under penalty of perjury, that the information provided on this Certification form is true and correct. I understand that any information I have submitted that is found to be inaccurate or untruthful is grounds for denial or revocation of the taxicab company permit application.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

For Office Use Only:			
Account #:	License #	Approved By	Approval Date