



# CITY OF THOUSAND OAKS

## TAXI COMPANY PERMIT APPLICATION - NEW

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

### 1. Request for Live Scan Service

- Complete the Request for Live Scan Service form. Take the completed form to an approved live scan facility (Local Live Scan Facility listing attached). Fingerprinting fee plus the applicable rolling fee will be charged by the Live Scan Facility.

### 2. After fingerprinting is completed, 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
- Request for Live Scan Service form signed by the Live Scan Operator
- 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
- Regulatory Permit Processing Fee (non-refundable) - \$120.00

### 3. The background check application will be sent to the Thousand Oaks Police Department (TOPD) for background check approval. No Taxi Companies may operate 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.

### 4. 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.

- Completed Taxi Company Registration Application
- DMV Registration for each vehicle
- Completed and Signed Certificate of Inspection Form for each vehicle. Certificate must be signed by an authorized agent of an automotive repair establishment registered with the State Department of Consumer Affairs and must be dated no more than thirty (30) days of the date of the application
- Weights and Measures Certificate, if using meter/fare box
- Certificate of Liability & Automobile Insurance
- ADA and Safety Training Certificate of Completion for each taxicab driver
- 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
- Completed Business Tax Certificate Application
- Payment for Business License Tax/Fees and Permit Fees

### 5. Business Tax Certificate and Taxi Permit are issued by the City

### 6. Trip Data - After the first year of operation, the company shall submit an annual permit renewal and trip data for the previous calendar year

### 7. Additional Taxi Drivers are required to go through background checks



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

CA 0560700

ORI (Code assigned by DOJ)

LICENSE CERTIFICATE OR PERMIT

Authorized Applicant Type

TAXI CAB DRIVER - RES 2015-030

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

THOUSAND OAKS POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

19806

Mail Code (five-digit code assigned by DOJ)

2101 E OLSEN RD

Street Address or P.O. Box

DENNIS SLIVA

Contact Name (mandatory for all school submissions)

THOUSAND OAKS

City

CA

State

91360

ZIP Code

(805) 494-8271

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex  Male  Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

# Local Live Scan Facilities

The information in this page is subject to change without notice.

LOCATION	HOURS	ROLLING FEES	FORMS OF PAYMENT
<b>Ventura County Sheriff - East Valley Station</b> 2101 E Olsen Road Thousand Oaks, CA 91360 (805) 494-8208	Weekdays Appointment Only	\$10.00	Cash/Money Order Cashier's Check Checks Company Checks Debit Cards/Credit Cards Billing Accounts Corporate Accounts IIS Escrow Accounts
<b>Camarillo Police Department</b> 3701 E Las Posas Rd Camarillo, CA 93010 (805) 388-5100	Weekdays: 9:00am - 4:00pm Appointment Only	\$30.00	Cash Credit Cards Checks
<b>Bentley-Forbes Security Inc</b> 2625 Townsgate Rd, Suite 330 Thousand Oaks CA 91361 800-455-7850 <a href="mailto:protectionpa@gmail.com">protectionpa@gmail.com</a>	Weekdays: 10:00am-4:00pm Appointment Only  *Mobile Services available	\$20.00	Cash Cashier's Check Corporate Accounts Debit Cards/Credit Cards Billing Accounts
<b>Certifix Live Scan dbw The UPS Store #1055</b> 2060 Ave De Los Arboles, Suite D Thousand Oaks, CA 91362 (805) 492-2279 <a href="mailto:info@certifixlivescan.com">info@certifixlivescan.com</a>	Weekdays: 9:00am- 5:00pm Walk-ins  *Mobile Services available	\$30.00	Cash Debit Cards/Credit Cards
<b>ID Live Scan</b> 2277 Townsgate Rd, Suite 208 Thousand Oaks, CA 91361 (805) 777-8171 <a href="mailto:idlivescan@gmail.com">idlivescan@gmail.com</a>	Weekdays: 8:30am - 4:30pm Walk-ins  Sat & Sun: 8:30am – 4:30pm Appointment only  *Mobile Services available	\$22.00	Cash/Money Order Cashier's Check Checks Company Checks Corporate Accounts Debit Cards/Credit Cards Billing Accounts
<b>OfficeLOCALE Inc</b> 275 E Hillcrest Dr, Suite 160 Thousand Oaks, CA 91360 (805) 777-8866 <a href="mailto:customerservice@officelocale.com">customerservice@officelocale.com</a>	Weekdays: 9:00am- 5:00pm Walk-ins & Appt  Sat & Sun: 8:00am - 5:00pm Appointment Only  *Mobile Services available	\$35.00	Cash/Money Order Billing Accounts Cashier's Check Checks Company Checks Corporate Accounts Debit Cards/Credit Cards IIS Escrow Accounts
<b>Wellness Mart, MD</b> 141 Duesenberg Dr, Suite 3 Thousand Oaks, CA 91362 805-496-7148 <a href="mailto:to@wellnessmart.com">to@wellnessmart.com</a>	Weekdays: 9:00am- 6:30pm Sat: 10:00am - 4:00pm Sun: 11:00am - 4:00pm  Walk-ins & Appt	\$22.00	Cash Corporate Accounts Debit Cards/Credit Cards Billing Accounts
<b>The UPS Store #4114</b> 501 S Reino Road, Suite I Newbury Park, CA 91320 (805) 214-9600 <a href="mailto:store4114@theupsstore.com">store4114@theupsstore.com</a>	Weekdays: 8:30am - 5:30pm  Sat: 9:30am - 3:00pm Walk-ins & Appt	\$25.00	Cash Cashier's Check Checks Company Checks Debit Cards/Credit Cards



# 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	<b>PERMIT TYPE</b>	<input type="checkbox"/> SOLICITOR - DOOR TO DOOR	<input type="checkbox"/> PAWNBROKER
		<input type="checkbox"/> MESSAGE ESTABLISHMENT	<input type="checkbox"/> SECONDHAND DEALER
		<input type="checkbox"/> STREET VENDOR	<input type="checkbox"/> COMM'L CANNABIS OWNER
		<input type="checkbox"/> SIDEWALK VENDOR	<input type="checkbox"/> COMM'L CANNABIS EMPLOYEE
		<input type="checkbox"/> TAXI <input type="radio"/> OWNER <input type="radio"/> DRIVER	<input type="checkbox"/> OTHER _____

**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?       YES     NO

Have you ever been arrested for a misdemeanor or felony? (Including citations in lieu of booking)       YES     NO

Have you ever been convicted of a crime?       YES     NO

Have you ever had a license of any kind suspended or revoked?       YES     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	

**VENTURA COUNTY SHERIFF OFFICE**

Fingerprint Received Date \_\_\_\_\_

Permit Approved Date \_\_\_\_\_

Permit Denied Date \_\_\_\_\_

Reason(s) for Denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

## 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

## TAXICAB COMPANY REGISTRATION FORM

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

New Application     Renewal     Update

### BUSINESS INFORMATION

Name of Business			
Business Address			
Business Mailing Address			Business Phone Number
Owner's Name	Is the owner also a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number
Type of Ownership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			
Fares/Rates Charged			

### VEHICLE(S) INFORMATION

CAB NUMBER	LICENSE PLATE NUMBER	VIN NUMBER	METER NUMBER	FOR UPDATES ONLY
				<input type="checkbox"/> Added <input type="checkbox"/> Removed
				<input type="checkbox"/> Added <input type="checkbox"/> Removed
				<input type="checkbox"/> Added <input type="checkbox"/> Removed
				<input type="checkbox"/> Added <input type="checkbox"/> Removed
				<input type="checkbox"/> Added <input type="checkbox"/> Removed

### TAXI DRIVER(S) INFORMATION

NAME OF EACH DRIVER	EMPLOYMENT STATUS	ASSIGNED CAB NUMBER (if applicable)	FOR UPDATES ONLY
	<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**		<input type="checkbox"/> Added <input type="checkbox"/> Removed
	<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**		<input type="checkbox"/> Added <input type="checkbox"/> Removed
	<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**		<input type="checkbox"/> Added <input type="checkbox"/> Removed
	<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**		<input type="checkbox"/> Added <input type="checkbox"/> Removed
	<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor**		<input type="checkbox"/> Added <input type="checkbox"/> Removed

\*\* Anyone working as an independent contractor is required to maintain a City Business Tax Certificate.

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 further certify that I have been provided a Worker's Compensation Insurance Brochure issued by the Ventura County District Attorney's Office.

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

#### For Office Use Only:

Control #:	License #	Background Packets Received on	Approval Received On	Permit Issued On
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# 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](mailto: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. ALONSO  
 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:			
Control #:	License #	Approved By	Approval Date





# CITY OF THOUSAND OAKS

## TAXICAB CERTIFICATE OF INSPECTION APPLICATION

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

### BUSINESS INFORMATION

Name of Business	
Business Address	
Owner's Name	Business Phone Number

### VEHICLE(S) INFORMATION

CAB NUMBER	LICENSE PLATE NUMBER	MAKE	MODEL	COLOR	YEAR

### INSPECTIONS

	PASS	FAIL	REASON FOR FAILURE
Side View Mirrors			
Rear View Mirror			
Seat Belts			
Head Lights			
Tail Lights			
Brake Lights			
Horn			
Brakes			
Tires			
Steering			
Other: Conditions that would place customers or the general public at risk			

\*I certify that the appropriate work(s) have now been carried out on this vehicle and now complies with the inspection requirement set above and to the best of my knowledge found no conditions that place customers or inspection requirement set above and to the best of my knowledge found no conditions that place customers or general public at risk.

DATE OF INSPECTION: \_\_\_\_\_ INSPECTION RESULT:  PASS  FAIL \*RETEST ONLY:  PASS

INSPECTING AGENCY NAME: \_\_\_\_\_

PRINTED NAME OF PERSON INSPECTING: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

### INSURANCE

Thousand Oaks Municipal Code 1653-NS, Section 4-2.09(h) "Obtain for each taxicab and keep in force during the term of the permit, public liability and bodily injury insurance, issued by a California admitted insurance carrier or an insurance carrier with an AM. Best rating of A-VII or better. The insurance policy shall be endorsed to state that coverage may not be suspended, voided, canceled or reduced in coverage or limits without fifteen (15) days' prior written notice to the Finance Director. The insurance policy shall insure the Taxicab Company and shall name the City as an additional insured of such taxicab against loss by reason of injury or damage that may result to persons or property from the negligent operation or defective construction of such taxicab, or from violation of this chapter or of any other law of the State or the United States. The insurance policy shall be in the sum of not less than three hundred thousand and no/100<sup>th</sup> (\$300,000) dollars combined single limit for personal injury and property damage for each taxicab in any one accident."

- Certificate of Liability Insurance minimum limits (in Acord Form)

**\$300,000 Combined Single Limit for Personal Injury and Property Damage for each taxicab in any one accident**

- Additional Insured Endorsement page. The following wording must be on the Additional Insured Endorsement page

*The City of Thousand Oaks, its officials, employees and volunteers shall be named as additional insured with respect to liability arising out of the operations of the named insured.*

POLICY NUMBER: <span style="background-color: yellow;">Policy number</span>	COMMERCIAL GENERAL LIABILITY CG 20 10 07 04
<b>THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</b>	
<b>ADDITIONAL INSURED</b>	
This endorsement modifies insurance provided under the following:	
COMMERCIAL GENERAL LIABILITY COVERAGE PART	
SCHEDULE	
<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	<b>Location(s) Of Covered Operations</b>
<span style="background-color: yellow;">The City, its officers, officials, employees and volunteers.</span>	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

## **TAXES/FEES SCHEDULE**

### **PERMIT FEES**

- **Background Check Fees – (Non-Refundable)**
  - New application - \$120.00
  - Renewal application - \$60.00
- **Live Scan/Fingerprinting Fees**
  - See attached Live Scan Facility Listing – fee varies and subject to change
- **Regulatory Permit Fees**
  - Permit Issuance Fee (Drivers only) - \$15.00
  - Photo Permit ID Badge Fee (Drivers only) - \$6.00
  - Decal - \$5.00 per taxicab

### **BUSINESS TAXES/FEES**

- **Business Address Inside City Limits**
  - Business Tax - \$25 per taxicab
  - Certificate of Occupancy Fee (if applicable) - \$128.00
  - Home Occupation Permit Fee (if applicable) - \$48.00
  - Processing Fee – (New Application - \$64.00 / Renewal - \$20.00)
- **Business Address Outside City Limits**
  - Business Tax - \$25 per taxicab
  - Processing Fee – (New Application - \$64.00 / Renewal - \$20.00)

### **PAYMENT OPTIONS**

- Cash
- Credit card (Visa® or Mastercard® only)
- Check (payable to the City of Thousand Oaks)