



CITY OF THOUSAND OAKS

TAXI DRIVER 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

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
- 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) - \$120.00

3. 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.

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.

- Payment of Permit Fees (\$15.00 + \$6.00)
 - Decal Fee per vehicle (\$5.00) if required
- Independent Contractor - Completed Business Tax Certificate Application
- Employee – Copy of the Taxi Cab Company's Business Tax Certificate

5. Taxi Permit is issued by the City



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
Ventura County Sheriff - East Valley Station 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
Camarillo Police Department 3701 E Las Posas Rd Camarillo, CA 93010 (805) 388-5100	Weekdays: 9:00am - 4:00pm Appointment Only	\$30.00	Cash Credit Cards Checks
Bentley-Forbes Security Inc 2625 Townsgate Rd, Suite 330 Thousand Oaks CA 91361 800-455-7850 protectionpa@gmail.com	Weekdays: 10:00am-4:00pm Appointment Only *Mobile Services available	\$20.00	Cash Cashier's Check Corporate Accounts Debit Cards/Credit Cards Billing Accounts
Certifix Live Scan dbw The UPS Store #1055 2060 Ave De Los Arboles, Suite D Thousand Oaks, CA 91362 (805) 492-2279 info@certifixlivescan.com	Weekdays: 9:00am- 5:00pm Walk-ins *Mobile Services available	\$30.00	Cash Debit Cards/Credit Cards
ID Live Scan 2277 Townsgate Rd, Suite 208 Thousand Oaks, CA 91361 (805) 777-8171 idlivescan@gmail.com	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
OfficeLOCALE Inc 275 E Hillcrest Dr, Suite 160 Thousand Oaks, CA 91360 (805) 777-8866 customerservice@officelocale.com	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
Wellness Mart, MD 141 Duesenberg Dr, Suite 3 Thousand Oaks, CA 91362 805-496-7148 to@wellnessmart.com	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
The UPS Store #4114 501 S Reino Road, Suite I Newbury Park, CA 91320 (805) 214-9600 store4114@theupsstore.com	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	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