

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U. S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THOSE SECTIONS OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO THE OPERATION OF TAXICABS.

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICATION ACCEPTED BY _____ **DATE** _____



CITY OF SOLANA BEACH
635 SOUTH HIGHWAY 101, SOLANA BEACH, CA 92075
858/720-2403

BACKGROUND APPLICATION FOR SHERIFF'S REGULATORY ACTIVITIES

1. Photo identification (i.e., California Driver's License)
2. Release & Waiver Form
3. If not born in U.S. submit permanent residence status, I-94 or U.S Passport

Please PRINT or TYPE legibly.

Type of business or activity for which you are applying _____

Affiliation with business or title (check one) Owner Officer Partner Other

Name _____ (____) _____
(Last) (First) (Middle) Telephone

All other names used (Past and present. Include maiden name) _____

Date of Birth _____ Place of Birth _____ Sex [M] [F]

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License No: _____ Soc. Sec. No: _____ - _____ - _____

Residence _____
(Number) (Street) (City) (State) (Zip)

Have you applied for a similar regulatory license in any other jurisdiction in the past (5) five years? YES NO

If yes, where? _____

List all charges (misdemeanors & felonies) resulting in conviction or plea of nolo contendere:

| <u>Date</u> | <u>Charge</u> | <u>Investigating Agency</u> | <u>Disposition</u> |
|-------------|---------------|-----------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.

Applicant Signature _____ Date _____

| |
|---|
| <p>SHERIFF'S USE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVAL Date _____ Signature _____</p> <p>COMMENTS _____</p> <p>_____</p> <p>_____</p> |
|---|



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AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

Subject Name:

Date of Birth: _____ SSN: _____

As an applicant for a business permit/license from the San Diego Sheriff's Department, I am required to furnish information for use in determining my qualifications. In this connection, I authorize the disclosure and release of any and all truthful information that you may have concerning me, including, but not limited to, employment records, personnel files, background investigation files, disciplinary records, complaints or grievances filed by or against me, training files, arrest, criminal, probation and driving records, military, academic or other records.

I direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the San Diego County Sheriff's Department.

I understand I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

I hereby release you, your organization, their agents and representatives, and any person furnishing information, from any and all liability and/or damage that may result from furnishing the above information. A photocopy of this release is to be considered as valid as an original. This release will expire one (1) year after the date signed.

Signature: _____ Date: _____

Full Name (Printed): _____

| |
|---|
| <p>SHERIFF'S USE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVAL Date _____ Signature _____</p> <p>COMMENTS _____</p> <p>_____</p> <p>_____</p> |
|---|

**CITY OF SOLANA BEACH
TAXICABS AND TAXICAB OPERATORS PERMIT APPLICATION**

TAXI OPERATOR

COMPANY NAME: _____

HEADQUARTERS ADDRESS: _____

HEADQUARTERS PHONE: _____ **GARAGE PHONE:** _____

NUMBER OF VEHICLES: _____

COLOR OF CABS: BODY _____ **ROOF** _____ **FENDERS** _____

TRADEMARK/INSIGNIA: _____ **LOCATION ON CAB:** _____

SCHEDULE OF FARES:

PER CAPITA _____ **PER MILE** _____ **PER ZONE** _____

PERFORMANCE: THE UNDERSIGNED APPLICANT ACKNOWLEDGES RESPONSIBILITY UNDER THE LICENSE TO PROVIDE SERVICE AS INDICATED ABOVE FOR THE DURATION OF THE LICENSE PERIOD.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE RECEIVED, UNDERSTAND AND AGREE TO HAVE ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION.

DATE: _____ **TAXICAB DRIVER'S SIGNATURE:** _____

**CITY OF SOLANA BEACH
DEPARTMENT APPROVALS**

**Each appropriate Department will sign this page indicating the applicant has met all requirements
and then Code Enforcement Department may issue a permit.**

PLANNING DEPARTMENT

APPROVED: _____

DISAPPROVED: _____

REASON: _____

BY: _____

WITH THE FOLLOWING CONDITIONS:

DATE: _____

CODE ENFORCEMENT DEPARTMENT

APPROVED: _____

DISAPPROVED: _____

REASON: _____

BY: _____

WITH THE FOLLOWING CONDITIONS:

DATE: _____



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT TAXI INSPECTION FORM

Inspection is for Taxi Medallion in the following area(s):

Unincorporated ___ Encinitas ___ Solana Beach ___ x ___ Del Mar ___ Vista ___ San Marcos ___

Inspection Date _____ Inspection Location _____

Company Name _____

Vehicle Year _____ Vehicle Make _____ Vehicle Model _____

VIN _____ Plate # _____ Cab # _____

Vehicle Color _____ Color of Lettering _____

Taximeter Make _____ Taximeter Serial # _____

Taximeter Inspection: [] Yes [] No Taximeter Inspection Date: _____

Rates: \$ _____ per _____ mile \$ _____ each additional _____ mile \$ _____ per hour wait time

Fares Posted? [] Yes [] No

-----BELOW PORTION TO BE COMPLETED BY TAXI INSPECTOR-----

Overall Condition Of Vehicle

EXTERIOR BODY

| | PASS | FAIL | REPAIR & RETURN |
|--|------|------|-----------------|
| No tears or rust holes in the vehicle body | [] | [] | [] |
| No loose pieces hanging from vehicle body | [] | [] | [] |
| Fenders, bumpers, trim securely fixed to vehicle | [] | [] | [] |
| Vehicle equipped with front/rear bumpers | [] | [] | [] |
| No extensive un-repaired body damage | [] | [] | [] |
| Ext. reasonably clean name/number not obscured | [] | [] | [] |
| Painted and marked with approved color scheme | [] | [] | [] |

LIGHTS

| | | | |
|--|-----|-----|-----|
| Headlights operable on both high and low beam | [] | [] | [] |
| Taillights/parking/signal & interior lights operable | [] | [] | [] |

DOORS

| | | | |
|---|-----|-----|-----|
| Door latches/handles operable (interior/exterior) | [] | [] | [] |
| Handles & doors are intact and clean | [] | [] | [] |

WINDOWS/WIPERS

| | | | |
|--|-----|-----|-----|
| No cracks or chips that would interfere w/driver | [] | [] | [] |
| Intact & able to be opened/closed | [] | [] | [] |

