



## APPLICATION OVERVIEW TAXICAB DRIVER'S PERMIT



### **To obtain a Taxicab Permit, you must complete the following steps:**

1. Complete the Application for a Taxi Driver's Permit. Do not leave any blanks. If a section or question does not apply to you, enter "not applicable" or "none." Do not sign the application at this time. You must have a Notary Public notarize your signature on the application.
2. Schedule an appointment for Live Scan fingerprinting. Contact the Healdsburg Police Department for details (431-3377).
3. You will need to submit a copy of medical examination clearance that meets the standards set forth in the California Department of Motor Vehicles, Motor Carrier Regulations (49 CFR 391.41-391.49).
4. Present to the Administrative Lieutenant at the Healdsburg Police Department the following, together in one package:
  - A. The completed, notarized application.
  - B. A California DMV printout of your driving history.
  - C. A non-refundable fee of:
    1. Application fee: \$411.00 — Payable: City of Healdsburg.
      - a. This fee covers the expense of the background check and processing fees. Please submit a check, money order, or cashier's check with the application.
  - D. A city renewal fee of \$345 is required on all renewals of City of Healdsburg Taxicab Permits. Currently renewal is required every two (2) years for Taxicab Permits.



Healdsburg Police Department  
 238 Center Street • Healdsburg, CA 95448  
 (707) 431-3377 • (707)431-3106 (fax)

## Application for Taxicab Driver's Permit

NEW

RENEWAL

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET NAME) (CITY) (ZIP)

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

NAME OF TAXI COMPANY WITH WHOM YOU ARE/WILL BE EMPLOYED:

\_\_\_\_\_

LIST ALL PREVIOUS HOME ADDRESSES FOR THE PREVIOUS THREE (3) YEARS:

<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ALL PREVIOUS EMPLOYERS FOR THE PREVIOUS THREE (3) YEARS:

<u>EMPLOYER</u>	<u>CITY/STATE</u>	<u>TYPE OF WORK</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	1. Has your license ever been suspended or revoked?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you been convicted of a felony or crime involving moral turpitude?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you been convicted of any offense specified in the California Vehicle Code involving reckless driving or alcohol or drug offenses except convictions more than five (5) years old or whose convictions have been expunged or set aside pursuant to satisfactory completion of a court approved diversion program.
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you received a positive test result in any random test for controlled substances or alcohol within the past twelve (12) months?
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you been convicted of an offense which requires registration pursuant to California Penal Code § 290?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you been convicted within five (5) years of an offense involving the sale of a controlled substance even if expunged pursuant to California Penal Code § 1203.4?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you been convicted within five (5) years of any offense involving the use of force or violence upon another person?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you been convicted of more than one violation of driving while under the influence of any drug or alcohol within the past seven (7) years prior to submitting the application?
<input type="checkbox"/>	<input type="checkbox"/>	9. Are you on parole or probation for a crime, and the crime is substantially related to the qualifications, functions, or duties of a taxicab driver in a potentially negative manner?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you had a taxicab driver's permit issued by any jurisdiction revoked within the past three (3) years?

**PLEASE EXPLAIN ANY "YES" ANSWERS FROM ABOVE:**

---

---

---

---

---

---

---

---

I, (print name) \_\_\_\_\_, hereby certify that the information that I have supplied is true, correct and complete, to my best knowledge and belief. I understand any misstatements of material facts may subject me to disqualification. I certify that I have read, understand, and agree to abide by the provision of Healdsburg Municipal Code 5.16 "Taxicabs and other vehicles for hire."

I further agree to notify the Chief of Police upon the termination of my employment with the taxicab operator listed in this application and will return the taxicab driver permit upon such termination.

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

**WHEN SUBMITTING THIS APPLICATION TO THE POLICE DEPARTMENT, PLEASE BE SURE TO:**

1. Submit a copy of a valid Medical Examination Clearance that meets the standards set forth in the California Department of Motor Vehicles, Motor Carrier Regulations (49 CFR 391.41 – 391.49).
2. Application/Renewal fee
3. Letter from taxicab operator certifying a negative test for controlled substances and alcohol.

**FOR NEW APPLICATIONS, YOU WILL BE CONTACTED TO SCHEDULE LIVESCAN FINGERPRINTING.**

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

FEE PAID: YES  NO  RECEIPT #: \_\_\_\_\_

VALID MEDICAL CERTIFICATE: YES  NO

PERMIT ISSUED: YES  NO  BY: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_