

PARATRANSIT SERVICE APPLICANT CHECKLIST OWNER'S PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Application Fee Paid - \$520

Date Submitted:

Applicant: Make a	a copy of this page for your	reference
Proposed Taxi Company Name:	toopy of this page for your	Totalono
Contact Name:	Phone:	
Contact Name.	Filone	
PHASE 1 – Present the following documents	to the Police Technician at 2	15 E. Figueroa St:
TO BE SIGNED BY ALL OWNERS:		
Owner/Business Information Sheet		
Authorization to Release Information	& Hold Harmless Agreement	
Business Owner's Responsibilities She	et	
Owner's Permit Term Agreement		
TO BE COMPLETED BY EACH OWNER:		
Personal Information Sheet (2 pages)		
Arrest History Section, signed		
Submit two color passport-sized photogr	aphs for <u>each</u> owner	
ADDITIONAL ITEMS TO BE SUBMITTED WITH APPLICATION APPLICATION APPLICATION AND ADDITIONAL TRANSPORT OF THE PROPERTY OF THE PROP	CATION:	
Proposed color scheme and logo, which is [SBMC 5.293025 (P)]	must be "unique and easily disti	nguishable" from other taxi companies.
Passenger log (manifest) – printed with c	company name, address, and pho	one number (refer to sample)
Sample rate card, printed with all rates to rate must be listed.	be charged. If company will h	ave more than one rate, the reason for each
Letter of approval from property owner/n	nanager of address where vehicle	les will be stored, authorizing storage.
\$520 application fee, plus \$40 for ea	ach person requiring a backgr	ound check.
DIJACE 2. After explication has been present		
PHASE 2 – After application has been proces		
Proof that you have applied for a Busines Vehicle Inspection Report completed by	·	•
Department of Motor Vehicles registration		
A certificate of accuracy from the County		
		nimum amounts specified by the City. Proof
	cles insured by the company. (I	Proof of insurance must be emailed directly
also be in the vehicles at the time of initial		tly as approved. All required equipment must limited to:
o posted rate card,	0	first aid kit,
map or GPS system,flashlight,	0	triangles or flares, and a secured fire extinguisher.
POLICE TECHNICIAN: Initial Inspection Date of	of Approval:	Initials:



PARATRANSIT OWNER APPLICATION OWNER/BUSINESS INFORMATION

SBPD	Permit	#:
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Finance Dept B/L:

Propos	sed name of new taxio	ab company (do not	use "Santa Barbai	ara" as part of the name):
Full na 1.	mes of all owners:		2.	
3.			4.	
Busine	ss mailing address:			
Addres	s where vehicles will	be garaged when not	in use:	
Addres	ss of administrative (of	fice) facilities:		
What to	ype of communication	system between tax	is and dispatcher	will be used:
	•		·	
*Descr	ibe the color scheme	and logo to be used (<u>submit a color dra</u>	rawing or photograph):
Describ	pe the type of service	to be offered, includir	ng the proposed h	nours of operation:
	e applicant or any per ☐ Yes. If yes, explai		p interest ever ha	ad a permit denied, suspended or revoked?
VEHICL	E LIST: List all veh	icles to be placed in	nto the fleet	
Vehicle	Make	Model	Year	VIN
1 2				
3				
4				
5				
each individirectors a the Agent i	ridual named on this applion and stockholders owning or for Service and a sworn, fir	cation. If the applicant is controlling 10% or more cancial statement is require	a corporation, a copy of the stock, percentaged.	Release Information, and two passport-size color photos by of the Articles of Incorporation and a list of all office age of ownership, the name, address and phone number chments are, to the best of my knowledge, tru
Signature	e – Owner 1			Signature – Owner 3
Signature	e – Owner 2			Signature – Owner 4



AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF SANTA BARBARA, POLICE DEPARTMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested. Owner (Print): _____ Owner Signature: ____ Owner (Print): Owner Signature: Owner (Print): _____ Owner Signature:____ Owner (Print): _____ Owner Signature:_____ **BUSINESS OWNER'S INDEMNITY/ HOLD** HARMLESS AGREEMENT (Pursuant to Santa Barbara Municipal Code, Chapter 5.29) Owner, by acceptance of the permit to operate a taxicab or paratransit business, does agree to hereby indemnify and hold harmless the City of Santa Barbara, its officers, employees and agents from any and all damages, claims, liabilities, costs, suits or other expense resulting from and arising out of said permit holder's operations. In witness thereof, this Indemnity and Hold Harmless Agreement is executed on this date: ______, 20___. Company Name: _____ Owner (Print): ______ Owner Signature: _____ Owner (Print): _____ Owner Signature:____ Owner (Print): ______ Owner Signature:_____ Owner (Print): _____ Owner Signature: ____

<u>Definitions for use throughout the application:</u>

"Owner" means any person, firm, corporation or other form of business organization having proprietary control, or right to proprietary control, of any vehicle engaged in the business of providing paratransit service, as defined herein.

"Owner's permit" means a certificate which authorizes operation of a paratransit service in the City and which is issued to any person, firm, corporation or other form of business organization having proprietary control of any vehicle engaged in the business of providing paratransit services.



TAXICAB/PARATRANSIT OWNER'S RESPONSIBILITIES & TERMS of PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Approval and acceptance of an owner's permit acknowledges owner's responsibilities including but not limited to:

INSURANCE. Maintaining, in owner's name, insurance as specified by the City, including coverage for all vehicles operating under owner's permit regardless of ownership shown on DMV registration.

<u>DRIVERS.</u> Maintaining and making available at all times a roster of all permitted drivers working for owner either as employee or independent contractor. Roster shall show driver's full name including any alias or "nickname", current address, permit number and expiration date, and California Driver's License number and expiration date. A copy of said roster will be provided to the City quarterly, in February, May, August and November, on dates assigned by the City Finance Department.

<u>VEHICLE LIST.</u> Maintaining and making available at all times a roster of all vehicles being operated under owner's permit. Roster shall show year and make of vehicle, number assigned by the City, number (if different) used by owner's dispatch system, and vehicle license plate number. A copy of said roster will be provided to the City quarterly, on the same dates as the driver roster.

<u>MANIFESTS.</u> Collecting a daily manifest from each driver and submitting manifests to the City on a quarterly basis at the same time the vehicle roster is submitted. Manifests shall be clearly identified with the City assigned cab number and the date of activity. Dates of non-operation shall be listed on a separate sheet to account for any gaps in date sequence.

<u>VEHICLE IDENTIFICATION.</u> Assuring that all additional and replacement vehicles operated are painted in the color(s) originally approved and that identification (trade name and/or logo) conforms to original specifications. All signs, logos, lettering and numbers must be permanently affixed, not magnetic.

ACCIDENTS. Reporting all accidents involving contact of a vehicle with another vehicle or object must be noted on the daily manifests and on the quarterly inspection sheets. If another vehicle is involved, the name and address or phone number of the owner or operator of that vehicle is also to be noted on the quarterly inspection report. If an accident requires a police report, a copy of that report must be provided to the Investigative Division of the Police Department. (If the report is filed with the Sheriff's Office or the Highway Patrol, a copy must be requested from that agency and forwarded to the Police Department. If a report is filed with the Santa Barbara Police Department, only the report number need be provided.)

TERMS OF PERMIT: The term of the permit is one year, with renewal upon payment of the annual business license tax. Failure to pay before the expiration date will result in suspension of the owner's permit until the business license tax and penalty, if any, has been paid.

Failure to abide by the terms of this agreement may result in suspension or revocation of the owner's permit. Permit holder understands the grounds for revocation or suspension listed in Santa Barbara Municipal Code, Section 5.29.070, and any other section in Chapter 5.29.

As owner(s) and responsible party/parties of the below-named company, I/we understand that if I/we violate the Santa Barbara Municipal Code or applicable state laws, I/we will surrender the owner's permit immediately on request of the Chief of Police or Chief's designee.

COMPANY NAME:	
Owner 1 Signature:	Owner 3 Signature:
Owner 2 Signature:	Owner 4 Signature:



PARATRANSIT OWNER APPLICATION PERSONAL INFORMATION SHEET

Page 1 of 2

Applicant Photos:

Each owner must complete th	nis section separately. Make o	copies of this section, if	needed, fo	or each owner	:
Name:					
Other Names Used (list "also known	as" names):				
Residence Address (include street, o	city, and zip code):				
Mailing Address, if different (include	de street, city, and zip code):				
Phone Number:		Social Security	y No:		
Are you a U.S. citizen?	Driver's License #	Ex	oiration:		
Date of Birth:	Place of Birth:				
Color of Eyes:	Color of Hair:	Height:	١	Weight:	
Length of time in Santa Barbara:		Length of time	in Califor	nia:	
Do you have a current City of Sai			□ Yes (c	omplete info l	pelow):
Permit#	: Exp: : : : :	Cab Company:			
RESIDENCES: List the <u>full address for your place</u> address, show the dates (month ar			with the r	most recent. A	After the
1					
		(fr	om	to)
2			om	to)
3					
		·	om	to)
4.			om	to)
5					

PERSONAL INFORMATION SHEET – Page 2 Each owner must complete this section separately. Make copies, if needed, for each owner:

EMPLOYMENT	HISTORY:	
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List your	last five	places of	employment.	Start with	your	current (or most	recent	employer.

. Employe	r/Company:			From:	to
Address:				Phone: ()
. Employei	r/Company:			From:	to
				Phone: ()
s. Employei	r/Company:			From:	to
)
. Employei	r/Company:			From:	to
)
. Employei	r/Company:			From:	to
)
			nt to Santa Barbara Munici		
Failure to lis If there is no	st all arrests and citation arrest history, write "N	ions may result IONE" or "N/A".	in a denial of your applicatio	n. This page	MUST be completed.
Failure to lis	st all arrests and citati	ions may result IONE" or "N/A".	in a denial of your applicatio		MUST be completed.
Failure to lis If there is no	st all arrests and citation arrest history, write "N	ions may result IONE" or "N/A".	in a denial of your applicatio	n. This page	MUST be completed.
Failure to lis If there is no	st all arrests and citation arrest history, write "N	ions may result IONE" or "N/A".	in a denial of your applicatio	n. This page	MUST be completed.
Failure to lis If there is no	st all arrests and citatic parrest history, write "N Place (City ar	ions may result IONE" or "N/A".	in a denial of your applicatio	n. This page	MUST be completed.
Failure to lis	st all arrests and citatic arrest history, write "N Place (City and Place) Place (City and	ions may result IONE" or "N/A".	in a denial of your application	n. This page	MUST be completed.
Failure to lis If there is no Date Are you cur	st all arrests and citatic arrest history, write "N Place (City and Place (City and Place)	ions may result IONE" or "N/A". nd State)	in a denial of your application. Reaso	n. This page	MUST be completed.
Failure to lis If there is no Date Are you cur On probat On parole	rrently: No Yell No	ions may result IONE" or "N/A". nd State) es: Charges es: Charges	in a denial of your application. Reaso	n. This page	MUST be completed
Failure to list of there is not parte. Are you curton probate. On parole: Required to the said of t	rently: No Ye You register pursuant below indicates the a	ions may result IONE" or "N/A". nd State) es: Charges to Penal Cocapplicant undersult in the company of the co	in a denial of your application Reaso	n. This page on (Violation) trant)?	MUST be completed. On) No Yes
Failure to list of there is not parte. Are you curton probate. On parole: Required to the said of t	rently: No Your Your To register pursuant below indicates the age of the promitted, it may be given as a sure of the promitted of the promitt	ions may result IONE" or "N/A". nd State) es: Charges to Penal Cocapplicant undersult in the company of the co	Reasons: Reasons: Rea	n. This page on (Violation) trant)?	MUST be completed. On) No Yes
Failure to list of there is not there is not the Date Are you curton probate On parole Required to Signature incomplete, Applicant's	rently: No Your Your To register pursuant below indicates the age of the promitted, it may be given as a sure of the promitted of the promitt	ions may result IONE" or "N/A". nd State) es: Charges t to Penal Cod applicant unders rounds for denia	Reasons Reason	n. This page on (Violation trant)? \[\] N	No Yes



PARATRANSIT SERVICE OWNER ADDITIONAL REGULATIONS

OWNER-APPLICANT: Keep this page for your records/reference.

The following are regulations in addition to those found in the Santa Barbara Municipal Code. They also govern paratransit operations and were approved by the Fire and Police Commission, pursuant to Santa Barbara Municipal Code, Section 5.29.300(P).

- 1. A driver's permit application may be denied for failure to complete the application process.
- 2. A driver's permit application may be denied for making false statement(s) on the application.
- 3. A driver's permit application may be denied if there is one or more citations or warrants outstanding, if, in the opinion of the Police Department Investigator, it may result in a conviction of an offense that would normally result in denial or revocation of a driver's permit. An application may be reconsidered, within six (6) months of the original application date, without payment of additional application fees, when all citations or warrants have been cleared.
- 4. No changes in rates are to be made unless the City, Chief of Police] has been advised in writing at least thirty (30) days prior to the effective date of the new rates.
- 5. An owner's permit to operate is automatically suspended twenty-four (24) hours prior to time of insurance expiration, or at 5:00 p.m. of the last working day prior to time of expiration of insurance.
- 6. An owner's permit application may be denied if false statements are provided on the application.

FEE SCHEDULE

FOR PARATRANSIT SERVICE APPLICATIONS, PERMITS AND APPEALS (Set by City Council Resolution 05-060, June 21, 2005)

NOTE: All fees are non-refundable.

A.	Owner Permits	
1.	Initial application for a taxicab or other paratransit	\$520.00
2.	Renewal application.	\$400.00
3.	Each background investigation conducted for an	\$ 40.00
4.	Replacement permit, document only.	\$ 10.00
5.	Change of address, document only.	\$ 10.00
B.	Vehicle Permits	
1.	Initial permit for taxicab or limousine taxi, for each	\$ 50.00
2.	Renewal permit.	\$ 25.00
3.	Replacement permit, document only.	\$ 10.00
C.	Driver Permits	
1.	Initial application.	\$ 172.00
2.	Fingerprint Livescan Fee (DOJ)	\$32.00
3.	Renewal application.	\$ 100.00
4.	Replacement permit, document only.	\$10.00
D.	Appeals	
1.	Appeal to Board of Fire and Police Commissioners.	\$100.00
2.	Appeal to City Council.	\$150.00

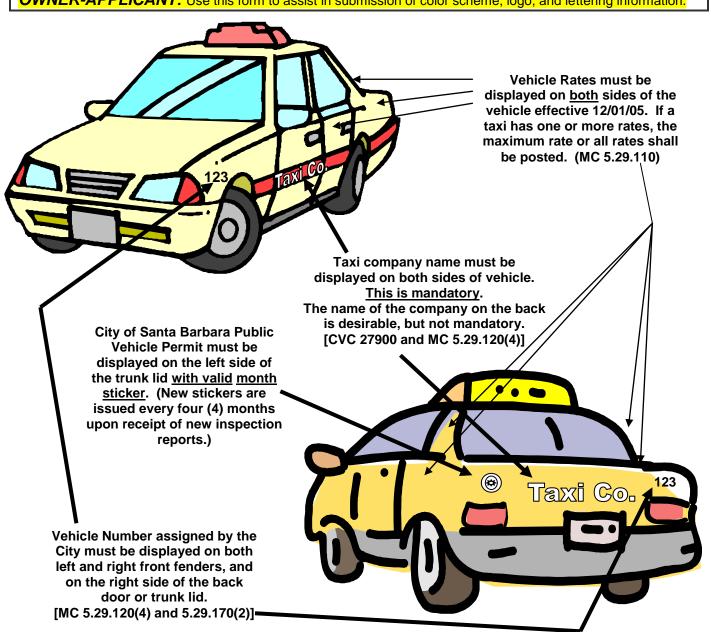
TAB D



TAXICAB DIAGRAM LOCATION OF IDENTIFIERS

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29 and California Vehicle Code, §27901)

OWNER-APPLICANT: Use this form to assist in submission of color scheme, logo, and lettering information.



All lettering and numerals must be at least three (3) inches in height and in colors contrasting with the background so as to be readily legible in daylight from a distance of fifty (50) feet. Exception: Vehicle Rates must be one (1) inch in height and readily legible in daylight. (CVC 27901)



Notice to Insurance Providers Regarding PARATRANSIT INSURANCE REQUIREMENTS for the City of Santa Barbara

OWNER-APPLICANT: Forward this section to your Insurance Provider.

TO: INSURERS

In order to operate a paratransit service in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the City of Santa Barbara, Police Department, Investigative Division. The following are the minimum requirements for the Certificate of Insurance as allowed by the City of Santa Barbara:

- 1. Name and address of insured doing business as (DBA).
- 2. Location of the operations insured: within the City of Santa Barbara.
- 3. Description of operations: paratransit service operations.
- 4. Description of vehicles covered (provide a list).
- 5. General Liability coverage of one million dollars (\$1,000,000.00) bodily injury and property damage each person, each occurrence.
- 6. Automobile Liability coverage of five-hundred-thousand dollars (\$500,000.00 effective 6/1/05) each person, each occurrence.
- 7. City of Santa Barbara, its officers, employees and agents are named as additional insured.
- 8. Policies will not be canceled, limited, or changed without (30) days written notice to the City of Santa Barbara.
- 9. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City of Santa Barbara.
- 10. Blanket or Scheduled Contractual Liability sufficiently broad to cover liability assumed in the permit. (SBMC 5.29.290: An owners permit holder shall, and by acceptance of the permit does, agree to hereby indemnify, and hold the City of Santa Barbara, its officers, employees and agents from all damages, claims, liabilities, costs, suits or other expense resulting from and arising out of said permit holders operations).
- 11. Policy includes Severability of Interest clause, or equivalent wording, stating that coverage applies separately to each named or additional insured as if separate policies had been issued to each.
- 12. Insurer must be admitted by the State of California, Department of Insurance, or have a Best's rating of B+ or better, and the agency and the agent must be licensed by the State of California. The City reserves the right to reject an insurer or an agency of the insurer.
- 13. Authorized signature may be the agent's if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of an official of the insurer.

NOTICE TO INSURERS AND PARATRANSIT SERVICE OPERATORS:

In order to operate any paratransit service in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the City of Santa Barbara, Police Department, Investigative Division, P. O. Box 539, Santa Barbara, CA 93102. Complete the following Certificate of Insurance. If your insurance company uses a different form, that form must contain, as a minimum, the requirements listed below.

vithin the City of Santa Barbara.			
b and/or Limousine Operations.			
LIMIT	S	POLICY	EXPIRATIO
Bodily Injury	Property Damage	NUMBER	DATE
Each	Each		
	Occurrence		
Occurrence			
	Combined		
Each			
Occurrence			
\$500,000 Six			
\$300,000	ngie Liniit		
nployees, and Agents Named as A I, or Changed without 30 Days Wr Santa Barbara, CA 93102-1990 y as Primary and not Excess to any bility sufficiently broad to cover li	dditional Insured. ritten Notice to the Police Dep y insurance issued in the name iability assumed in the permit	e of the City. (SBMC 5.29.290:	Yes No
and agents from any and all dama	ages, claims, liabilities, costs,		
est provision or equivalent wordin	g, stating that coverage applic	es separately to	
	-	(A	Authorized Signature)
	_		
			(Date)
il i i i i i i i i i i i i i i i i i i	LIMIT Bodily Injury Each Person Each Occurrence \$1,000,000 Each Person Each Occurrence \$500,000 Sinual State of Said Barbara, CA 93102-1990 A september of the permit does, a and agents from any and all dama of said permit holder's operations est provision or equivalent wordings.	LIMITS Bodily Injury Property Damage Each Each Person Occurrence Each Occurrence Single Limit Each Each Person Accident Each Person Accident Each Single Limit Each Each Occurrence Combined \$1,000,000 Single Limit Each Each Person Accident Each Single Limit Each Occurrence Combined \$500,000 Single Limit Each Derson Accident Each Occurrence Combined \$500,000 Single Limit	LIMITS POLICY Bodily Injury Property Damage NUMBER Each Each Person Occurrence Each Occurrence S1,000,000 Single Limit Each Person Accident Each Person Accident Each S500,000 Single Limit Each Occurrence Combined Single Limit Each Person Accident Each Occurrence Combined Single Limit Each Person Haccident Each Occurrence Combined Single Limit Each O

INSURER MUST BE ADMITTED BY THE STATE OF CALIFORNIA, DEPARTMENT OF INSURANCE, OR HAVE A BEST'S RATING OF B+ OR BETTER. THE CITY RESERVES THE RIGHT TO REJECT AN INSURER.

SAMPLE MANIFEST/PASSENGER LOG

Company Name Company Address * Company Phone

Date	: :		Driver #	Driver Name:				
Cab	#	VIN#			Shift Start:		Shift E	nd:
	Time: Pick up	Time: Drop off	Pick Up location	Destina	ntion	# PAX	Rate used:	Fare
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

THIS PAGE TO BE COMPLETED BY TAXI COMPANY OWNER/AUTHORIZED AGENT

for any drivers hired to your company. Make copies as needed.

APPLICANT: Submit this completed form, along with:

☐ 2 passport-sized photos ☐\$10 Replacement permit fee:

to the Police Technician at the SB Police Department Annex: 222 E. Anapamu.

PHOTO



NOTICE OF INTENT TO HIRE TAXICAB DRIVER PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter

Applicant name: _____

Taxicab Company:

As the Owner or authorized representative of the above-listed company, my signature below, or the signature of an authorized agent on my behalf, is to serve as my acknowledgement of and agreement to the following statements:

- I intend to hire the above-listed person as a taxicab driver for the above company. Employment shall become effective on the date the driver is added to the company insurance policy;
- I have verified that the individual named above is a legal resident and entitled to work in the United States;
- I have discussed all rules and regulations set forth in Santa Barbara Municipal Code §5.29 Paratransit Ordinance with the driver;
- I will not allow this driver to operate a taxicab for my company until the applicant has been issued a City Operator's Permit to drive for the above-listed company. I will only allow the driver to work for my company while s/he has a valid City Operator's permit issued in the name of this company;
- I assume responsibility for the actions of this driver when s/he is operating a taxicab for the above-listed company;
- I understand and agree to all terms listed herein.

Owner/Agent Name:	
Owner/ Agent Signature:	
Title:	Date:

*The owner of the company or an authorized agent must sign this form. An authorized agent has permission to act for the owner and has a copy of this permission on file with the Police Department.

DATE Stamp

PAID Stamp

\$10 Replacement Fee