



# CITY OF SANTA BARBARA

## PEDICAB OWNER'S PERMIT APPLICANT CHECKLIST

**Applicant: Make sure you complete all the forms.**

DOJ DELAY(S)  
DATES: \_\_\_\_\_  
and: \_\_\_\_\_

DOJ  VDX  GUS

Date Stamp (Rec'd):  
\_\_\_\_\_

City Stamp/Paid  
\_\_\_\_\_

Applicant Photos:  
\_\_\_\_\_

Mailed/Picked Up  
Date: \_\_\_\_\_

Copy sent to Finance  
Date: \_\_\_\_\_

Finance File #  
\_\_\_\_\_

Police Dept I.D. #  
\_\_\_\_\_

Exp:  
\_\_\_\_\_

Permit log  CLU

Proposed Business Name:	
Owner/Applicant Name:	Phone:
Owner/Applicant Name:	Phone:

STEP 1: Pay for Business License and Live-Scan at the Finance Department:  
City Hall, 735 Anacapa St, Santa Barbara, CA 93101

STEP 2: Present the following documents to the Police Technician at 215 E.  
Figueroa St, Santa Barbara, CA 93101.

- Pedicab Owner Application:
  - Company Information Sheet
  - Personal Information Sheet. Complete one for each person named on the application.
  - Completed and signed Arrest History & Authorization to Release Information for each person named on the application.
  - Signed Hold Harmless Agreement
- Two (2) color, passport-size photographs for each person named on the application.
- Certificate of Insurance for Comprehensive GENERAL Liability.
- Pedicab Owner's Indemnity Hold Harmless Agreement
- Proof of payment for business license and fingerprint service.

STEP 3: Complete the Live Scan fingerprint process at the Police Department

STEP 4: Schedule inspection by the Police Technician to ensure compliance with City codes including those pertaining equipment and overall appearance.

**To be completed by Police Technician:**

Following a Santa Barbara Police Department check on applicant (VDX, DMV, GUS, etc), the Police Technician recommends: \_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICE CHIEF or DESIGNEE:**

Upon review, this application is:  APPROVED  DENIED

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



# CITY OF SANTA BARBARA

## APPLICATION FOR PEDICAB OWNER'S PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

SBPD Permit #:

Exp:

Finance Dept B/L:

**COMPANY INFORMATION. Please complete the following:**

Trade name to be used (do <u>not</u> use "Santa Barbara" as part of the name):
Full name of applicant(s):
Business address:
Business phone:
Rates to be charged (Please provide a copy of the rate card.)
Proposed number of vehicles to be operated as of date of application: (Provide a list of Vehicle Identification Numbers. List must agree with list required on page 2 of Financial Statement.)
Where will the vehicles be garaged:
Administrative (office) facilities address:
Describe the color scheme and logo to be used ( <i>submit a color drawing or photograph</i> ):
Describe the type of service to be offered, including the proposed hours of operation:
Has the applicant or any person with an ownership interest ever had a permit denied, suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, list reason:

*You must also submit a Personal Information Sheet, Arrest History, Authorization to Release Information, and two passport-size color photos for each individual named on this application. If the applicant is a corporation, a copy of the Articles of Incorporation and a list of all officers, directors and stockholders owning or controlling 10% or more of the stock, percentage of ownership, the name, address and phone number of the Agent for Service and a sworn, financial statement is required.*

**I certify under the penalty of perjury that this statement and any attachments are, to the best of my knowledge, true, correct and complete.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title



# CITY OF SANTA BARBARA

## APPLICATION FOR PEDICAB OWNER PERMIT PERSONAL INFORMATION

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

**PERSONAL INFORMATION. Please complete the following. Each owner must complete a separate sheet:**

Name:	
Other Names Used (list "also known as" names):	
Residence Address (include street, city, and zip code):	
Mailing Address, if different (include street, city, and zip code):	
Phone Number:	Social Security No:
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License # and State      Exp:
Date of Birth:	Place of Birth:
Color of Hair:	Color of Eyes:      Height:      Weight:
Length of time in Santa Barbara:	Length of time in California:

**List the full address for your places of residence over the past five years, starting with the most recent. After the address, show the dates (month and year) at each residence.**

Full Address:	From:	To:
Full Address:	From:	To:
Full Address:	From:	To:
Full Address:	From:	To:
Full Address:	From:	To:



# CITY OF SANTA BARBARA

## APPLICATION FOR PEDICAB OWNER PERMIT PERSONAL INFORMATION (Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

List your last five places of employment. Start with your current or most recent employer. List by business name, address, business phone number, and dates (month and year) of employment.

Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:
Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:
Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:
Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:
Business Name:	From:	To:
Street Address:	Business Phone:	
City:	State:	Zip:

Describe in detail (using separate sheet if needed) previous experience in this industry and any similar permits issued in any other city, state or country.

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Signature below indicates the applicant understands that if any information requested is misrepresented, it may be grounds for denial of this permit application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



# CITY OF SANTA BARBARA

## ARREST HISTORY

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Failure to list **all** arrests and citations may result in a denial of your application. This page MUST be completed. If there is no arrest history, write "NONE" or "N/A".

Date	Place (City and State)	Reason (Violation)

Are you currently on:

On probation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Charges:
On parole?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Charges:
Required to register pursuant to Penal Code section 290 (sex registrant)? <input type="checkbox"/> No <input type="checkbox"/> Yes		

**Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.**

\_\_\_\_\_  
**Signature (Permit Applicant)**

\_\_\_\_\_  
**Date**

The Police Technician verbally verified with applicant that:

applicant's answer is "none"      OR       applicant listed complete/entire arrest history

Police Technician Initials \_\_\_\_\_ Date: \_\_\_\_\_

## 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.*

\_\_\_\_\_  
**Printed (Permit Applicant's Name)**

\_\_\_\_\_  
**Signature (Permit Applicant)**

\_\_\_\_\_  
**Date**



# CITY OF SANTA BARBARA

## **PEDICAB BUSINESS OWNER'S INDEMNITY/ HOLD HARMLESS AGREEMENT**

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

*Owner, by acceptance of the permit to operate a pedicab (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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

Owner's Permit Holder (Company Name) \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Signature \_\_\_\_\_

**TO: INSURERS**

***Certificate of Insurance and this signed letter must be faxed by the Insurer to the City of Santa Barbara to fax number (805) 897-3733.***

***Original Certificate of Insurance and original signed letter must be mailed to:***

***Santa Barbara Police Department  
215 E. Figueroa St.  
Santa Barbara, CA 93101***

***prior to a pedicab owner's permit being issued.***

***In order to operate a pedicab business in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the Santa Barbara Police Department. 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 two hundred and fifty thousand dollars (\$250,000.00) bodily injury and property damage each person, each occurrence.
6. City of Santa Barbara, its officers, employees and agents are named as additional insured.
7. Policies will not be canceled, limited, or changed without (30) days written notice to the City of Santa Barbara.
8. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City of Santa Barbara.
9. Blanket or Scheduled Contractual Liability sufficiently broad to cover liability assumed in the permit. (SBMC 5.28.330: A decal holder and operator 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 any and all damages, claims, liabilities, costs, suits, or other expense resulting from and arising out of said decal holder's or operator's operations.)
10. 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.
11. 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.
12. 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.

***By signing this letter I/we agree that all of the foregoing conditions have been met and accepted by the insurer and the agency.***

Executed in Santa Barbara, California or \_\_\_\_\_, California.

\_\_\_\_\_  
(Insurer's authorized signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Insurer's printed name and title)

Insurance Company Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO INSURERS AND PEDICAB 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 Santa Barbara Police Department, Attn: Aimee Salazar, 215 E. Figueroa St., 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.*

**CERTIFICATE OF INSURANCE**

This certifies to the City of Santa Barbara that the following described policies have been issued to:

Name of Insured:

\_\_\_\_\_

Address:

\_\_\_\_\_

Location of operations insured: within the City of Santa Barbara.

Description of operations: Pedicab Operations.

Description of vehicles covered:

\_\_\_\_\_

POLICIES AND INSURERS	LIMITS		POLICY NUMBER	EXPIRATION DATE
	Bodily Injury	Property Damage		
General Liability  <input type="checkbox"/> Comprehensive <input type="checkbox"/> Commercial  _____ (Insurer)	Each Person  Each Occurrence	Each Occurrence		
	\$250,000.00	Combined Single Limit		
Automobile Liability  <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non Owned  _____ (Insurer)	Each Person  Each Occurrence	Each Accident		
	\$250,000.00	Combined Single Limit		

The following coverage or conditions are in effect: **General Liability**  **Automobile Liability**

Yes | No

1. City of Santa Barbara, its Officers, Employees, and Agents Named as Additional Insured.	
2. Policies will not be Canceled, Limited, or Changed without 30 Days Written Notice to the Finance Department, Licenses and Permits, P.O. Box 1990, Santa Barbara, CA 93102-1990	
3. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City.	
4. Blanket or Scheduled Contractual Liability sufficiently broad to cover liability assumed in the permit. (SBMC 5.29.290: An owner's 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 any and all damages, claims, liabilities, costs, suits, or other expense resulting from and arising out of said permit holder's operations.)	
5. Policy includes a Severability of Interest provision or equivalent wording, stating that coverage applies separately to each named or additional insured as if separate policies had been issued to each.	

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

\_\_\_\_\_ (Authorized Signature)

\_\_\_\_\_ (Date)

At: \_\_\_\_\_ Company and Address)

\_\_\_\_\_

NOTE: Authorized signature may be the agent if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of official of insurer.

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.



# CITY OF SANTA BARBARA

## PEDICAB INSPECTION REPORT

To be completed by Santa Barbara Police Department Staff

COMPANY: \_\_\_\_\_

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

Date Inspected	Pedicab #	<input type="checkbox"/> Battery-operated white headlight (300 ft projection) <input type="checkbox"/> Battery-operated red taillights on the right and left rear exterior of the passenger compartment. (500 ft projection) <input type="checkbox"/> All components appear operational <input type="checkbox"/> Passenger compartment appears to be in good repair and safe for the transportation of passengers.	Decal	Sticker Issued:
		<input type="checkbox"/> Battery-operated white headlight (300 ft projection) <input type="checkbox"/> Battery-operated red taillights on the right and left rear exterior of the passenger compartment. (500 ft projection) <input type="checkbox"/> All components appear operational <input type="checkbox"/> Passenger compartment appears to be in good repair and safe for the transportation of passengers.		
		<input type="checkbox"/> Battery-operated white headlight (300 ft projection) <input type="checkbox"/> Battery-operated red taillights on the right and left rear exterior of the passenger compartment. (500 ft projection) <input type="checkbox"/> All components appear operational <input type="checkbox"/> Passenger compartment appears to be in good repair and safe for the transportation of passengers.		
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