



CITY OF SANTA BARBARA

RENEWAL APPLICATION

FOR PEDICAB OPERATOR PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

☐ VDX ☐ GUS

Finance File #

Police Dept I.D. #

New Exp:

☐ Permit Log ☐ CLU

Applicant Photos

City Stamp/Paid
PAID AT FINANCE DEPT

STEP 1: Pay \$180 Permit Application Fee to the Finance Dept at 735 Anacapa St.

STEP 2: Applicant must bring the following to the Police Technician at 215 E. Figueroa St. Appointments are recommended and may be made by signing up in the Police Department lobby.

- ☐ Renewal Application sheet
- ☐ Complete Arrest History, signed

- ☐ Authorization to Release, signed
- ☐ 2 Passport-sized photos

Please complete the following:

Date of Application:		
Applicant's Full Name:		
Current Permit Number :	Current Permit Exp:	
Residence Address (include street, city, and zip code):		
Mailing Address, if different (include street, city, and zip code):		
Phone Number:	Date of Birth:	
Current Employer – (Pedicab Company):	Have you paid required fees (\$57) at City Hall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CA Driver's License Number:	Expiration:	Social Security #:

Applicant's signature to this document indicates that he/she understands that if any information asked for is misrepresented, it may be grounds for denial.

Applicant's signature

Date

Police Technician's recommendations on issuance of permit: _____

Initials: _____ Date: _____

Chief of Police or Designee:

Approved/Disapproved _____ 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 **probation**? ☐ No ☐ Yes Charges: _____

Are you currently on **parole**? ☐ No ☐ Yes Charges: _____

Are you currently required to **register pursuant to § 290 PC** (sexual crimes)? ☐ No ☐ Yes

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

Print Name: _____

Signature: _____ *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

NOTICE OF INTENT TO HIRE PEDICAB DRIVER PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

Notice of Intent to Hire:

_____ intends to employ
(Name of pedicab company)

_____ as a pedicab driver.
(Name of driver)

I, _____, have verified that the individual named
(Name of company owner or authorized agent)

above is a legal resident and entitled to work in the United States.

IMPORTANT: Driver may NOT drive until:

- driver has been issued a City permit to operate a pedicab.
- operator and driver have discussed the rules and regulations set forth in MC Section 5.28-Pedicab Ordinance.

By signing below, you acknowledge these terms.

Signature

Title (specify owner or agent*)

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.*