CITY OF SANTA BARBARA

PEDICAB OWNER'S PERMIT

APPLICANT CHECKLIST

Applicant: Make sure you complete all the forms.

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

STEP 1: Complete full Application and remit via email to AccountsReceivable@SantaBarbaraca.gov. Include the following. Accounts Receivable will advise a date to pay the permit fee.

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 tax certificate 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 *(submit a color drawing or photograph)*:
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? ☐ No ☐ 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?   ☐ Yes   ☐ 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 <u>five years</u>, 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:
Full Address:	From:	To:

CITY OF SANTA BARBARA

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.

_____

_____

_____

_____

_____

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

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?	☐ No ☐ Yes	Charges:
On parole?	☐ No ☐ Yes	Charges:

Required to register pursuant to Penal Code section 290 (sex registrant)?   ☐ No   ☐ 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: _____

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 _____

*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 _____

_____

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	Each Person	Each Occurrence		
☐ Comprehensive ☐ Commercial	Each Occurrence			
_____ (Insurer)	$250,000.00	Combined Single Limit		
Automobile Liability	Each Person	Each Accident		
☐ Owned ☐ Hired ☐ Non Owned	Each Occurrence			
_____ (Insurer)	$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 #		Decal	Sticker Issued:
		☐ Battery-operated white headlight (300 ft projection) ☐ Battery-operated red taillights on the right and left rear exterior of the passenger compartment. (500 ft projection) ☐ All components appear operational ☐ Passenger compartment appears to be in good repair and safe for the transportation of passengers.		
		☐ Battery-operated white headlight (300 ft projection) ☐ Battery-operated red taillights on the right and left rear exterior of the passenger compartment. (500 ft projection) ☐ All components appear operational ☐ Passenger compartment appears to be in good repair and safe for the transportation of passengers.		
		☐ Battery-operated white headlight (300 ft projection) ☐ Battery-operated red taillights on the right and left rear exterior of the passenger compartment. (500 ft projection) ☐ All components appear operational ☐ Passenger compartment appears to be in good repair and safe for the transportation of passengers.		
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State of California   Department of Justice

REQUEST FOR LIVE SCAN SERVICE
BCII 8016 (3/07)

Applicant Submission

ORI: _____   Type of Application: _____
        Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____   _____
Agency authorized to receive criminal history information   Mail Code (five-digit code assigned by DOJ)

_____   _____
Street No.   Street or PO Box   Contact Name (Mandatory for all school submissions)

                                   (   )
_____   _____
City   State   Zip Code   Contact Telephone No.

Name of Applicant: _____
(Please print)   Last   First   MI

Alias: _____   Driver's License No: _____
Last   First

Date of Birth: _____ Sex: [ ] Male [ ] Female   Misc. No. BIL - _____
                                                     Agency Billing Number

Height: _____ Weight: _____   Misc. Number: _____

                                                    Home Address:

Eye Color: _____ Hair Color: _____   _____
                                                     Street No.   Street or PO Box

Place of Birth: _____   _____
                                                     City, State and Zip Code

Social Security Number: _____

Your Number: _____
        OCA No. (Agency Identifying No.)   Level of Service: [ ] DOJ   [ ] FBI

If resubmission, list Original ATI
Number: _____

Employer: (Additional response for agencies specified by statute)

_____
Employer Name

_____   _____
Street No.   Street or PO Box   Mail Code (five digit code assigned by DOJ)

                                       (   )
_____   _____
City   State   Zip Code   Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
                                        Name of Operator   Date

_____   _____   _____
Transmitting Agency   ATI No.   Amount Collected/Billed

See Live Scan Location at: https://oag.ca.gov/fingerprints/locations