**CITY OF SANTA BARBARA**

**PARATRANSIT SERVICE APPLICANT CHECKLIST**

**OWNER’S PERMIT**

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

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**Applicant: Make a copy of this page for your reference.**

**Proposed Taxi Company Name:**

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**Contact Name:**

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**Phone:**

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**PHASE 1** – Present the following documents to the Police Technician at 215 E. Figueroa St:

- **TO BE SIGNED BY ALL OWNERS:**
  - Owner/Business Information Sheet
  - Authorization to Release Information & Hold Harmless Agreement
  - Business Owner’s Responsibilities Sheet
  - 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 photographs for each owner

- **ADDITIONAL ITEMS TO BE SUBMITTED WITH APPLICATION:**
  - Proposed color scheme and logo, which must be “unique and easily distinguishable” from other taxi companies. [SBMC 5.293025 (P)]
  - Passenger log (manifest) – printed with company name, address, and phone number (refer to sample)
  - Sample rate card, printed with all rates to be charged. If company will have more than one rate, the reason for each rate must be listed.
  - Letter of approval from property owner/manager of address where vehicles will be stored, authorizing storage.
  - $520 application fee, plus $40 for each person requiring a background check.

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**PHASE 2** – After application has been processed, the following must be presented and approved prior to operation:

- **Proof that you have applied for a Business License with the City of Santa Barbara Finance Department.**
- **Vehicle Inspection Report completed by a certified mechanic for each vehicle in the fleet.**
- **Department of Motor Vehicles registration form for each vehicle, showing each vehicle is registered as a taxicab.**
- **A certificate of accuracy from the County Department of Weights and Measures.**
- **Proof of General Liability and Automobile Liability insurance in the minimum amounts specified by the City.** Proof must include a list of all drivers and vehicles insured by the company. (Proof of insurance must be emailed directly from the insurance representative to the Police Technician at permits@sbpd.com prior to the owner’s visit.)
- **The vehicles, equipped with a working top light and meter, painted exactly as approved.** All required equipment must also be in the vehicles at the time of initial inspection, including but not limited to:
  - posted rate card,
  - map or GPS system,
  - flashlight,
  - first aid kit,
  - triangles or flares,
  - a secured fire extinguisher.

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**POLICE TECHNICIAN:**

**Initial Inspection Date of Approval:**

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**Initials:**

---

**Date Submitted:**

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**Application Fee Paid - $520**

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Proposed name of new taxicab company (do not use “Santa Barbara” as part of the name):

Full names of all owners:
1. 
2. 
3. 
4. 

Business mailing address:

Address where vehicles will be garaged when not in use:

Address of administrative (office) facilities:

What type of communication system between taxis and dispatcher will be used:

*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, explain:

VEHICLE LIST: List all vehicles to be placed into the fleet

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>VIN</th>
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<tbody>
<tr>
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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 all attachments are, to the best of my knowledge, true, correct and complete.

______________________________  ________________________________
Signature – Owner 1                  Signature – Owner 3

______________________________  ________________________________
Signature – Owner 2                  Signature – Owner 4
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:___________________________

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:___________________________

Definitions for use throughout the application:

“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.
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.

**DRIVERS.** 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.

**VEHICLE LIST.** 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.

**MANIFESTS.** 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.

**VEHICLE IDENTIFICATION.** 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: _____________________________
Each owner must complete this section separately. Make copies of this section, if needed, for each owner:

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?  
Driver’s License #:  Expiration:

Date of Birth:  
Place of Birth:

Color of Eyes:  
Color of Hair:  
Height:  
Weight:

Length of time in Santa Barbara:  
Length of time in California:

Do you have a current City of Santa Barbara Taxicab Driver Permit?  □ No  □ Yes (complete info below):
Permit#:  Exp:  Cab Company:

RESIDENCES:
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.

1. ____________________________________________________________ (from _________ to _________)

2. ____________________________________________________________ (from _________ to _________)

3. ____________________________________________________________ (from _________ to _________)

4. ____________________________________________________________ (from _________ to _________)

5. ____________________________________________________________ (from _________ to _________)
EMPLOYMENT HISTORY:
List your last five places of employment. Start with your current or most recent employer.

1. Employer/Company: ____________________________ From: _______ to _______
   Address: ____________________________ Phone: (____) __________

2. Employer/Company: ____________________________ From: _______ to _______
   Address: ____________________________ Phone: (____) __________

3. Employer/Company: ____________________________ From: _______ to _______
   Address: ____________________________ Phone: (____) __________

4. Employer/Company: ____________________________ From: _______ to _______
   Address: ____________________________ Phone: (____) __________

5. Employer/Company: ____________________________ From: _______ to _______
   Address: ____________________________ Phone: (____) __________

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

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”.

<table>
<thead>
<tr>
<th>Date</th>
<th>Place (City and State)</th>
<th>Reason (Violation)</th>
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</table>

Are you currently:

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 is misrepresented, incomplete, or omitted, it may be grounds for denial of this permit application.

Applicant’s 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: ____________________________
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.**

<table>
<thead>
<tr>
<th>A. Owner Permits</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Initial application for a taxicab</td>
<td>$520.00</td>
</tr>
<tr>
<td>or other paratransit</td>
<td></td>
</tr>
<tr>
<td>2. Renewal application.</td>
<td>$400.00</td>
</tr>
<tr>
<td>3. Each background investigation conducted</td>
<td>$40.00</td>
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<tr>
<td>for an owner</td>
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<tr>
<td>4. Replacement permit, document only.</td>
<td>$10.00</td>
</tr>
<tr>
<td>5. Change of address, document only.</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Vehicle Permits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initial permit for taxicab or</td>
<td>$50.00</td>
</tr>
<tr>
<td>limousine taxi, for each</td>
<td></td>
</tr>
<tr>
<td>2. Renewal permit</td>
<td>$25.00</td>
</tr>
<tr>
<td>3. Replacement permit, document only.</td>
<td>$10.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Driver Permits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initial application.</td>
<td>$172.00</td>
</tr>
<tr>
<td>2. Fingerprint Livescan Fee (DOJ)</td>
<td>$32.00</td>
</tr>
<tr>
<td>3. Renewal application.</td>
<td>$100.00</td>
</tr>
<tr>
<td>4. Replacement permit, document only.</td>
<td>$10.00</td>
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</table>

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<tr>
<th>D. Appeals</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Appeal to Board of Fire and Police</td>
<td>$100.00</td>
</tr>
<tr>
<td>Commissioners</td>
<td></td>
</tr>
<tr>
<td>2. Appeal to City Council</td>
<td>$150.00</td>
</tr>
</tbody>
</table>
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.

### 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: | Taxicab and/or Limousine Operations. |
| Description of vehicles covered: |________________________________________________________________________________________________________ |

<table>
<thead>
<tr>
<th>POLICIES AND INSURERS</th>
<th>LIMITS</th>
<th>POLICY NUMBER</th>
<th>EXPIRATION DATE</th>
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</thead>
<tbody>
<tr>
<td>General Liability</td>
<td>Bodily Injury</td>
<td>Each Person</td>
<td>Each Occurrence</td>
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<tr>
<td>□ Comprehensive □ Commercial</td>
<td>Property Damage</td>
<td>Each Occurrence</td>
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<tr>
<td>(Insurer)</td>
<td>$1,000,000</td>
<td>Combined Single Limit</td>
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<tr>
<td>Automobile Liability</td>
<td>Each Person</td>
<td>Each Accident</td>
<td></td>
</tr>
<tr>
<td>□ Owned □ Hired □ Non Owned</td>
<td>Each Occurrence</td>
<td></td>
<td></td>
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<tr>
<td>(Insurer)</td>
<td>$500,000</td>
<td>Combined Single Limit</td>
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The following coverage or conditions are in effect: General Liability □ Automobile Liability □

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. City of Santa Barbara, its Officers, Employees, and Agents Named as Additional Insured.</td>
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<tr>
<td>2. Policies will not be Canceled, Limited, or Changed without 30 Days Written Notice to the Police Department, Investigative Division, P.O. Box 539, Santa Barbara, CA 93102-1990</td>
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<tr>
<td>3. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City.</td>
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<tr>
<td>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.)</td>
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<tr>
<td>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.</td>
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</table>

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.**
## SAMPLE MANIFEST/PASSENGER LOG

**Company Name**  
**Company Address * Company Phone**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Driver #</th>
<th>Driver Name:</th>
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<tbody>
<tr>
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<tr>
<th>Cab #</th>
<th>VIN#</th>
<th>Shift Start:</th>
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<tr>
<th>Time: Pick up</th>
<th>Time: Drop off</th>
<th>Pick Up location</th>
<th>Destination</th>
<th># PAX</th>
<th>Rate used:</th>
<th>Fare</th>
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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.

NOTICE OF INTENT TO HIRE TAXICAB DRIVER PERMIT
(Pursuant to Santa Barbara Municipal Code, Chapter 5.29 Paratransit Ordinance)

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.