



Taxicab Business Permit

New Taxicab Business Application Package

SunLine Regulatory Administration Address:

**32505 Harry Oliver Trail
Thousand Palms, CA 92276**

Business Permit will be issued by mail

Email: sra@sunline.org
Website: www.sunline.org
Phone: (760) 343-3456
Fax: (760) 343-1986

Introduction

California Government Code Section 53075.5 requires local jurisdictions to regulate taxicabs. The cities of the Coachella Valley and Riverside County have delegated this regulatory function to SunLine Services Group (SSG).

Before operating a taxicab service in SSG jurisdiction within the Coachella Valley, a Taxicab Business must apply for and be issued (once approved an SSG Taxicab Business Permit. Taxi Ordinance 2025-02 Section 1.030(D states the Business Permit shall be valid for a period of one (1 year, beginning July 1st of each year and expiring June 30th or until suspended, revoked or surrendered.

This packet contains the necessary information and forms you need to apply for a SSG New Taxicab Business Permit from SunLine Services Group. Before you begin completing this packet, it is important that you read and understand the information on the following pages.

It is the Applicant's responsibility to accurately complete and submit all required documents. We may return your application packet if you fail to:

- Complete the application
- Provide required document(s)
- Be truthful on the application and accompanying documents
- Meet SSG Taxi Ordinance 2025-02, et seq. requirements
- Pay the application fee

It is recommended to make a copy of the completed application and attachments for your records before submitting your application.

Requirements

Refer to the Taxi Ordinance Section 1.035 Business Permit Renewal and Section 1.080 Denial, Revocation, or Suspension of Permits.

Steps to obtain an SSG Taxicab Business Permit

*Important Note: Applicants must ensure that all policies and programs submitted to SSG comply with applicable local, state, and federal laws. **Applicants are encouraged to consult their legal counsel when developing their policies and programs.***

Step 1: Complete an Annual Taxicab Business Permit Renewal Application

SSG will provide a Taxicab Business Permit Renewal Application Package. This package consists of an application form and a list of additional required documents and policies.

Businesses with more than three (3) partners or corporate officers are to list only the top three (3) officers on their application. The remaining partners/officers must be listed on an additional page(s).

Step 2: Obtain Check, Money Order or Cashier's Check

New Business Permit Application fee: \$1,000.00

All fees must be payable to **SunLine Regulatory Administration** by check, money order, or cashier's check. Debit cards and credit cards are not accepted.

Step 3: Submit application package, including required documents and payment.

Mail the completed Annual Taxicab Business Permit Renewal Application package, including the required documents and payment. Use the checklist on the next page as a guide.

If the Business has acquired new owner(s), partner(s), or corporate officer(s) a LiveScan fingerprint background check must be performed. Proof of LiveScan submission is required. Results will be provided to SSG.

Mail to:

SunLine Services Group
Attention to: SunLine Regulatory Administration
32505 Harry Oliver Trail
Thousand Palms, CA 92276

REMINDER: SSG will not approve incomplete applications.

Before Operating a Taxicab Business

The Business Permit expires annually on June 30th. To continue operating on and after July 1st, it is the Applicant's responsibility to submit the Annual Taxicab Business Renewal Application package by May 1st and continue to comply with all provisions within SSG Ordinance No. 2025-02 et seq. Upon receiving an SSG Taxicab Business Permit, the Business must complete the following before continuing to operate:

- Obtain Taxicab Vehicle Permit(s) from SRA. Refer to Taxicab Ordinance 2025-02 Section 1.035(A) (4) and Section 1.055; and
- Ensure authorized and affiliated drivers have a valid SRA Driver Permit. Refer to Taxicab Ordinance 2025-02 Section 1.030(B) and Section 1.045.

Taxicab Driver Permits

Each authorized driver must obtain and have in their immediate possession, a valid SRA Taxicab Driver Permit showing the driver's affiliation with a permitted business. Refer to Taxicab Ordinance 2025-02 Section 1.045. **Note: Utilization of non-SRA permitted drivers affiliated with another taxicab business or SRA permitted drivers through a taxicab business other than the Applicant, may result in fines and/or the suspension or revocation of the SRA Taxicab Business Permit.**

NEW TAXICAB BUSINESS PERMIT APPLICATION DOCUMENTS CHECKLIST

The SSG Annual Taxicab Business Permit Renewal Application Package must include the required documents listed in the checklist below. A complete Annual Taxicab Business Permit Renewal Application Package is required.

Note: California law requires all corporations, limited liability companies and common interest development associations to update the records of the California Secretary of State either every year or every two years based on year of registration by filing a statement. For more information, please visit: <https://www.sos.ca.gov/business-programs/business-entities/statements/>

REQUIRED IN THE RENEWAL APPLICATION PACKAGE:	
<input type="checkbox"/>	Exhibit A: Annual Taxicab Business Renewal Application
<input type="checkbox"/>	Exhibit A1: <i>(required documentation, if changes were made)</i>
<input type="checkbox"/>	If a partnership: <ul style="list-style-type: none"> - Copy of Partnership and Operating Agreement - Copy of Articles of Organization
<input type="checkbox"/>	If a corporation: <ul style="list-style-type: none"> - Copy of the minutes from the most recent Board of Directors meeting - Copy of the Articles of Incorporation - Copy of stock register showing distribution of corporate stock - List of additional corporate officers not listed on the application
<input type="checkbox"/>	Fingerprints - Proof of LiveScan submission
<input type="checkbox"/>	Exhibit A2: Valid Fictitious Business Name Statement <i>(if applicable)</i>
<input type="checkbox"/>	Exhibit A3: Valid Business License
<input type="checkbox"/>	Exhibit A4: Copy of CDL or State issued photo identification for each person listed as the primary applicant and additional applicants
<input type="checkbox"/>	Exhibit A5: Number of prearranged and non-prearranged trips that originate within the jurisdictional boundaries of SSG for the 2026 calendar year
<input type="checkbox"/>	Exhibit B: Business Management Personnel List <i>(specify person(s) authorized to sign Intent to Hire Form)</i>
<input type="checkbox"/>	Exhibit C: Taxicab Driver List <i>(each driver must have a valid SRA Driver Permit)</i>
<input type="checkbox"/>	Exhibit C1: Copy of most recent Pull Notice for each taxicab driver
<input type="checkbox"/>	Exhibit D: Taxicab Vehicle List <i>(each vehicle must obtain Taxicab Vehicle Permit from SRA)</i>
<input type="checkbox"/>	Exhibit D1: Copy of CA DMV Registration for each vehicle
<input type="checkbox"/>	Exhibit E: Complete Insurance Package including vehicle and driver schedule showing compliance with Taxi Ordinance 2025-02 Section 1.040
<input type="checkbox"/>	Exhibit F: Proof of Enrollment in Controlled Substance and Alcohol Testing Certification Program.
<input type="checkbox"/>	Exhibit F1: Controlled Substance and Alcohol Testing Policy/Program

<input type="checkbox"/>	Exhibit G: Safety Education and Training Program
<input type="checkbox"/>	Exhibit H: Disabled Access Education and Training Program
<input type="checkbox"/>	Exhibit I: Electronic Credit Card Processing Agreement (<i>include a copy of the agreement</i>)
<input type="checkbox"/>	Check, cashier's check or money order for New Taxicab Business Permit Application fee: \$1,000
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

EXHIBIT A

New Taxicab Business Application

Please Print in Ink, or Type

Taxicab Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other-describe below
If other type of business, describe here:

Business Corporate Name:
Doing Business As (DBA) Name:
Business Mailing Address:
City: _____ State: _____ Zip: _____

Business Operation Address :
City: _____ State: _____ Zip: _____

Business Phone #	Fax #	Dispatch Phone #	Other Phone #

Department of Motor Vehicles (DMV) Pull Notice Program Requester Code Number:
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Describe the vehicle distinct appearance, lettering and logo design (please attach photo).
Has this business ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance, or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? (if yes, please explain using a separate sheet of paper).
<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____

DATE: _____

Owner or Principal Officer Filing as Primary Applicant

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:		State:	Zip:
Home Phone #:		Date of Birth:	<input type="checkbox"/> I am at least 18 years old
Soc. Sec. #		CA Driver's Lic. #	Driver's Lic. Exp:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Place of Birth (City, State, Country):	
Height:	Weight:	Eye Color:	Hair Color:

Have you ever been convicted of a crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been required to register as a sex offender?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If you answered YES to any of these questions, you must provide additional details below.</i>		

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheet(s), if needed.

Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance, or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application?
 (if yes, please explain using a separate sheet of paper).

Yes No

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____

DATE: _____

Additional Applicant #1 ~ Partner or Principal Officer

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:		State:	Zip:
Home Phone #:		Date of Birth:	<input type="checkbox"/> I am at least 18 years old
Soc. Sec. #		CA Driver's Lic. #	Driver's Lic. Exp:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth (City, State, Country):	
Height:	Weight:	Eye Color:	Hair Color:

Have you ever been convicted of a crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been required to register as a sex offender?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If you answered YES to any of these questions, you must provide additional details below.</i>		

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheet(s), if needed.

Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance, or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? (if yes, please explain using a separate sheet of paper).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____

DATE: _____

Additional Applicant #2 ~ Partner or Principal Officer

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	
Home Phone #:	Date of Birth:	<input type="checkbox"/> I am at least 18 years old	
Soc. Sec. #	CA Driver's Lic. #	Driver's Lic. Exp:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth (City, State, Country):		
Height:	Weight:	Eye Color:	Hair Color:

Have you ever been convicted of a crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been required to register as a sex offender?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If you answered YES to any of these questions, you must provide additional details below.</i>		

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheet(s), if needed.

Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance, or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application?

(if yes, please explain using a separate sheet of paper). Yes No

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____

DATE: _____

Principle Place of Business

SSG Ordinance 2025-02 Section 1.030(C)(3) requires that an applicant must have a principle place of business from which it conducts its activities as a taxicab business. (Multiple locations for other activities such as storage, maintenance/repair, etc., are allowed).

Please list all locations and detailed descriptions of the activities that will be conducted relating to the taxicab business operations. Use a separate form if additional locations are applicable. Applicant may attach additional pages, if needed.

Address 1: _____

City: _____ Zip Code: _____ Phone: _____

Activities performed at this address:

Address 2: _____

City: _____ Zip Code: _____ Phone: _____

Activities performed at this address:

Address 3: _____

City: _____ Zip Code: _____ Phone: _____

Activities performed at this address:

Primary Applicant Declaration

I, the undersigned, hereby declare under penalty of perjury that all answers to the questions posed herein, and the documents provided as additional attachments, are true and correct to the best of my knowledge. I understand that any fraudulent statements or misrepresentation may be cause for denial or revocation of any permit issued to me.

I also understand that any fees paid to SRA are non-refundable, even if my permit is denied or revoked.

PRIMARY APPLICANT SIGNATURE: _____ DATE: _____

EXHIBIT B
Business Management Personnel List

(May attach computer generated list)

Taxicab Business Name: _____

Per SSG Ordinance 2025-02 Section 1.030(C)(2), name, job title, and function of all owners, investors, shareholders, partners, officers, directors and representatives acting on the Business's behalf and provide such information is required.

Full Name (Print)	Signature	Position/Title	Phone Number	Authorized to Sign Intent to Hire Form

EXHIBIT C1

Include copies of most recent
pull notices for each taxicab driver

EXHIBIT D1
Taxicab Vehicle DMV Registration

Include a copy of CA DMV Registration
for each vehicle

EXHIBIT E
Complete Insurance Package

Include vehicle and driver schedule
showing compliance
with Taxi Ordinance 2025-02 Section 1.040

EXHIBIT I
Electronic Credit Card Processing Agreement

Include a copy of the agreement