



Taxicab Business Permit

First Time Application Package

SSG Address:

32505 Harry Oliver Trail, Thousand Palms, CA 92276

Permitting Hours:

Monday through Friday by appointment only

*Closed on Holidays

Email:	SSG@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 the 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.

Basic Eligibility Requirements

To be eligible for an SSG Taxicab Business Permit, a sole proprietor, partner, or corporate officer must:

1. Be at least 18 years of age.
2. Not be a registered sex offender pursuant to California Penal Code Section 290.
3. Not be on formal probation/parole or have received any conviction (or plea of guilty or nolo contendere) in any state for any of the following: murder; robbery; pandering; pimping; crimes related to the sale or transportation of controlled substances, including marijuana; crimes involving the use of a weapon; or any other offense involving moral turpitude or any crime that is substantially related to the qualifications, functions or responsibilities of a taxi owner.
4. Not have been convicted (or plea of guilty or nolo contendere) in any state for a felony within seven (7) years of application.
5. Not have been convicted within five (5) years of application (or plea of guilty or nolo contendere) in any state or any final administrative determination of a violation of any statute, ordinance, or regulation reasonably and rationally pertaining to the same or similar business operation which would have resulted in suspension or revocation of the Taxicab Business Permit under the SSG regulations.
6. Not have been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance after January 1, 1998; and are not 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 from the date that the judgment was originally entered.
7. Not have falsified material information on any application for a Taxicab Business Permit.

This information serves as a guide. For further information refer to the SSG Taxi Ordinance, or contact SSG.

Summary of Fees

Application Fee - New \$1,000.00 Paid to SSG for administrative costs.

Steps to Obtaining an SSG Taxicab Business Permit

Step #1 ~ Complete an SSG Taxicab Business Permit Application Package.

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

Businesses with more than three partners or corporate officers should list only the top three officers on their application. The remaining partners/officers should be listed as an attachment.

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

Step #2 ~ Obtain Check, Money Order or Cashier's Check

All fees must be payable to SSG by check, money order or cashier's check:

Payable to SunLine Services Group

Step #3 ~ Fingerprinting

First time applicants (owners, partners, or corporate officers) must submit "Live Scan" fingerprint results to SunLine Services Group.

Step #4 ~ Submit Taxicab Business Permit Application Package to the SSG Office

See location and office hours attachment.

Important: Taxicab Business Permit Applications are only accepted by appointment. All applicants are required to be present and produce either a valid driver's license or state issued photo identification.

Applicants are required to bring the following to their application appointment:

- Completed SSG Taxicab Business Permit Application package (with required attachments and policies).
- Check, Money order/cashier's check for the amount indicated under "Summary Fees" listed above (new) payable to "SunLine Services Group."
- Live Scan Fingerprint results. (New applicants only, unless otherwise required).
- Valid California Driver License or California ID Card.

Important Note: SSG will not approve incomplete applications.

Before Operating a Taxicab Business

After receiving an SSG Taxicab Business Permit, the Business must complete the following before operating:

8. Obtain Vehicle Permits.
9. Ensure authorized and affiliated drivers have valid SSG Driver Permits.

Taxicab Driver Permits

Before any taxicab can be permitted for operation, each authorized driver must obtain and have in their immediate possession, a valid SSG Taxicab Driver Permit showing the driver's affiliation with the permitted Business.

Note: Utilization of non-SSG permitted drivers or drivers affiliated with another taxicab business, within SSG regulated jurisdiction, may result in fines and/or the suspension or revocation of the SSG Taxicab Business Permit.

Business Guidance

This information can be used as a guideline on how to write your Business policy or programs effectively.

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

► Controlled Substance and Alcohol Testing Program

Please describe and outline how your Business will comply with this requirement.

1. Provide a detailed description of the program or policy.
2. Who is in charge of this program or policy?

► Safety Education and Training Program

Please describe and outline how your Business will comply with this requirement.

1. Provide a detailed description of the program.
2. Who is in charge of this program?

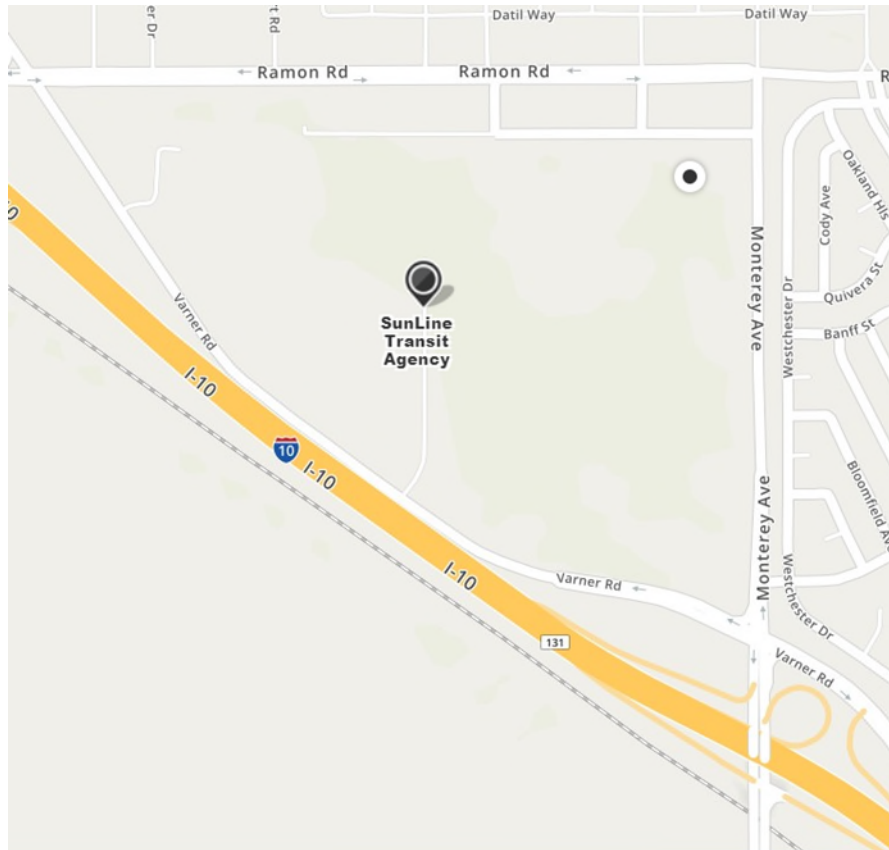
► Disabled Access Education and Training Program

Please describe and outline how your Business will comply with this requirement.

1. Provide a detailed description of the program.
2. Who is in charge of this program?

*SunLine Services Group
Office Location and Hours*

32505 Harry Oliver Trail, Thousand Palms, CA 92276
Business Permit Application – by Appointment Only
***Closed on Holidays**



BUSINESS PERMIT APPLICATION Documents Checklist

Completed SSG Business Permit Application Package which includes:

- SSG Business Permit Application
- If a partnership: Copy of partnership and operating agreement
- If a partnership: Articles of Organization
- If a corporation: Copy of the minutes from the most recent Board of Directors meeting
- If a corporation: Copy of the Articles of Incorporation (**new applicants, unless otherwise required**)
- If a corporation: Copy of stock register showing distribution of corporate stock (**new applicants, unless otherwise required**)
- If a corporation: List of additional corporate officers not listed on application
- Fictitious Business Name Statement (if applicable)
- City Business License for Principle Place of Business
- Copy of CDL or State issued photo identification for each person listed on the application
- Copy of LIVE SCAN fingerprint results for all persons listed on the application (**new applicants, unless otherwise required**)
- List of Business management personnel: Include names, titles, Driver Permit No. (if applicable) and telephone phone numbers. Specify persons authorized to sign driver applications.
- Complete Insurance Package including vehicle and driver schedule showing compliance with Taxi Ordinance 2019-1 section 1.040
- List of active SSG permitted drivers authorized to operate in SSG regulated areas (if applicable) or proposed drivers. Note: Proposed drivers must fill out a separate driver permit application and be approved by SSG prior to operating a taxicab in SSG jurisdiction: Full Name, SSN, CDL, DOB
- DMV Pull Notice Contract
- List of taxicabs: Include year, make, model, VIN, license plate, Business fleet number. **Note: A separate vehicle permit must be issued prior to operating as a taxicab in SSG jurisdiction.**
- Copy of CA DMV Registration for each vehicle.
- Completed Taxicab Business Drug Testing Program Enrollment Information
- Business Drug and Alcohol policy (Policy must include description on how the business will comply with the policy)
- Business Safety and Education program
- Business Disabled Access Education program
- Number of prearranged and non-prearranged trips that originate within the jurisdictional boundaries of SSG for the calendar year 2018, if applicable.
- Electronic Credit Card Processing Agreement
- Check, cashier's check or money order for initial Business application fee



Please Print in Ink, or Type

Date:
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 #
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Department of Motor Vehicles (DMV) Pull Notice Program Requester Code Number:

Describe the vehicle distinct appearance, lettering and logo design (or 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? _____ Yes _____ No (if yes, please explain using a separate sheet of paper).
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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 Lic. #	Driver Lic. Expires:	
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 sheets 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? _____ **Yes** _____ **No** (if yes, please explain using a separate sheet of paper).

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 Lic. #	Driver Lic. Expires:	
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 sheets 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? _____ Yes _____ No (if yes, please explain using a separate sheet of paper).

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:
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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 Lic. #	Driver Lic. Expires:	
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 sheets 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? ___Yes ___No (if yes, please explain using a separate sheet of paper).

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: _____

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 SSG are non-refundable; even if my permit is denied or revoked.

Primary Applicant Signature:

Date:

Principle Place of Business

SSG Ordinance 2019-01 Section 1.030(C)(3) requires that a taxicab Business 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 location(s) and detailed description of the activity that will be conducted relating to the taxicab business operations. Use separate form if additional locations are required.

Address: _____

City: _____ Zip Code: _____ Phone: _____

Activity(ies) performed at this address:

Address: _____

City: _____ Zip Code: _____ Phone: _____

Activity(ies) performed at this address:

(May attached computer generated list)
Business Management List

Taxicab Business Name

Per the SSG Ordinance 2018-01 Section 1.030(C)(2), current and valid vehicle registration must be submitted for each vehicle listed as part of the permitting process.

Full Name (Print)	Signature	Position/Title	Telephone Number	Can Sign Driver Permit Application	SSG Driver Permit #