

**Taxicab Company 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 company must apply for and be issued (once approved) an SSG Taxicab Company Permit.

###### Basic Eligibility Requirements

To be eligible for an SSG Taxicab Company 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 Company 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 Company 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 $29,170 Paid to SSG for administrative costs.

###### Steps to Obtaining an SSG Taxicab Company Permit

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

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

Companies 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.

***St ep #2 ~ O b t ain Check, Mo n ey O rd er or Cash ier’ s Che ck***

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, top three partners, or corporate officers) must submit “Live Scan” fingerprint results to SunLine Services Group.

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

See location and office hours attachment.

Important: Taxicab Company 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 Company 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."
    - The Board of SSG hereby authorizes the Taxi Administrator to accept payments of "New Business Permit" and "Business Permit Renewal" fees in monthly installments of four thousand eight hundred sixty one dollars and sixty six cents ($4,861.66) each with the initial installment payment being due as a condition precedent to issuance of such permit.
  + Live Scan Fingerprint results. (New applicants only, unless otherwise required).
  + Valid California Driver License or California ID Card.

###### Important Note: SSG will not accept incomplete applications.

**Before Operating a Taxicab Business**

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

1. Ensure authorized and affiliated drivers have valid SSG Driver Permits.
2. Obtain Vehicle 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 company.

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

**COMPANY PERMIT APPLICATION**

##### Documents Checklist

* Complete Insurance Package showing compliance with Taxi Ordinance 2018-1 section 1.040 (attached)

Completed SSG Company Permit Application which includes:

* + List of company management personnel: Include names, titles, Driver Permit # and telephone phone numbers. Specify persons authorized to sign driver applications.
  + List of current drivers authorized to operate in SSG regulated areas: Full Name, SSN, CDL, DOB
  + List of taxicabs: Include year, make, model, VIN, license plate, company fleet number.

**Copy of CA DMV Registration for each vehicle.**

* + Company Check Acceptance Agreement **(To be signed by the Primary Applicant only)**
  + Completed Taxicab Company Drug Testing Program Enrollment Information
  + Company Drug and Alcohol policy
  + Company Safety and Education program
  + Company Disabled Access Education program
  + Number of prearranged and non-prearranged trips that originate within the jurisdictional boundaries of SSG for the calendar year 2018
  + Principle Place of Business
  + Address of an office or terminal where documents may be inspected by SSG
  + Electronic Processing of Credit Card
  + Fictitious Business Name Statement
  + DMV Pull Notice Contract
  + 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)**
  + Check, cashier's check or money order for initial company application fee
  + If a partnership: Copy of partnership agreement
  + If a partnership: List of additional partners not listed on application
  + 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

###### All policies must include specific description on how the company will comply with the policy.

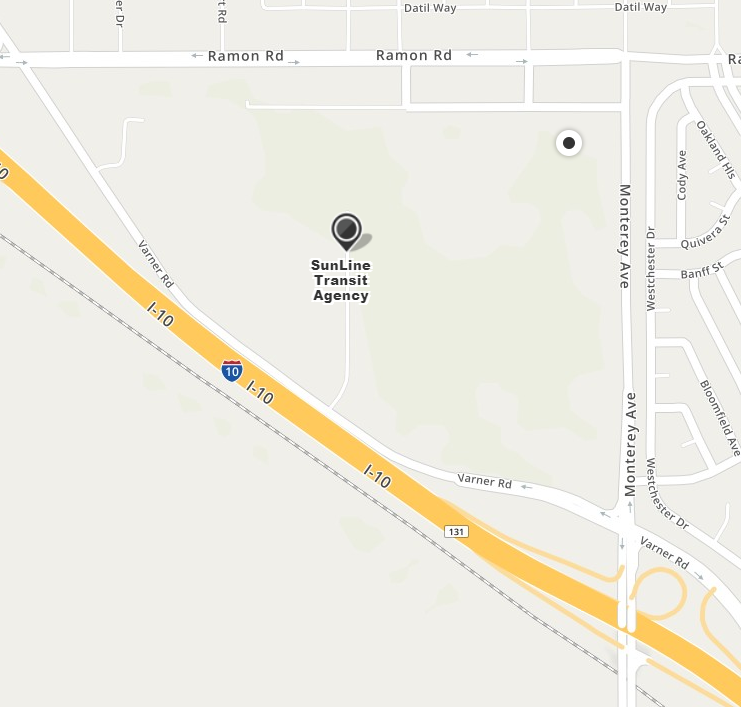
*SunLine Services Group*

*Office Location and Hours*

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

**Company Permit Application – by Appointment Only**

**\*Closed on Holidays**



## SSG Insurance Requirements

#### SSG Ordinance 2018-01 Section 1.040

A. The insurance policies required under this Chapter shall consist of and contain or be endorsed to contain the following provisions:

1. General Liability and Automotive Liability Coverage:
   1. SSG, its member entities, their officers, officials, employees, and volunteers are to be covered as insureds for liability related to:
      1. Activities performed by or on behalf of the business;
      2. Premises owned, occupied, or used by the business; and,
      3. Automobiles owned or leased by the business.
   2. The permittee shall also carry Workers’ Compensation Insurance in accordance with State of California Workers’ Compensation laws.
   3. The coverage shall contain no special limitations on the scope of protection afforded to SSG, its member entities, their officers, officials, employees, agents, representatives, or volunteers.
   4. The business' insurance shall be primary insurance as respects SSG, its member entities, their officers, officials, employees, agents, representatives and volunteers, any insurance or self-insurance maintained by SSG, its member entities, their officers, officials, employees, agents, representatives or volunteers shall be in excess of the permittee's insurance and shall not contribute with it.
   5. Any failure to comply with reporting provisions of the policy shall not affect coverage provided to SSG, its member entities, their officers, officials, employees and agents.
   6. Permittee's insurance shall apply separately to each insured against whom a claim is made or a suit is brought, except with respect to the limits of the insurer's liability.
2. All Coverage:
3. Each insurance policy required by this Section shall be endorsed to state that coverage shall not be suspended, voided, cancelled by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to SSG.
4. Permittee shall furnish SSG with a certificate of insurance and any applicable policies and endorsements affecting the coverage required hereunder. The policies and endorsements are to be signed by a person authorized by that insurer to bind coverage on its behalf. At SSG's option, endorsements and any certificates of insurance required by SSG shall be on forms provided or approved by SSG. All endorsements and certificates are to be received and approved by SSG prior to the operation of any taxicab by the permittee in the jurisdictional boundaries of SSG. SSG reserves the right to require complete certified copies of all insurance policies, including endorsements affecting the coverage required by this Ordinance, at any time and shall include, but not limited to, the obligation to indemnify, hold harmless, release and defend SSG.
5. Business permittee shall include all individual drivers employed or retained by or subcontracted by permittee, agents, contractors, other sub-operators as may be permitted by SSG, as insureds under its polices or shall furnish separate certificates and endorsements for each sub-operator. All coverage for such sub-operators shall be subject to all of the requirements stated herein.
6. The procuring of such insurance or the delivery or endorsements and certificates evidencing the same shall not be construed as a limitation of the permittee's obligation to indemnify, hold harmless, release and defend SSG, its member entities, their officers, officials, employees, agents, representatives, and volunteers from and against any and all liability, claims, suits, costs, expenses, fines, judgments, settlements, charges or penalties, including reasonable attorney's fees, regardless of the merit or outcome of the same arising out of, or in any manner connected with, any or all of the operations or services authorized conducted or permitted under this Ordinance.
7. The amount of insurance required hereunder shall be as follows:
   * 1. For injury or death in any one accident or occurrence, three hundred and fifty thousand dollars ($350,000.00);
     2. For the injury or destruction of property in any one accident or occurrence, three hundred fifty thousand dollars ($350,000.00);
     3. For combined single limits of liability for primary bodily injury and primary property damage, three hundred fifty thousand dollars ($350,000.00);
     4. For employer's liability, with limits of three hundred fifty thousand dollars ($350,000.00).
8. It shall be the responsibility of all permittees to provide and maintain insurance coverage in compliance with the provisions of this Ordinance to cover each and every driver that operates a vehicle as a taxicab. The permittee shall further ensure that appropriate certificates of insurance reflecting the coverage are on file with SSG at all times.
9. Insurance required by this Section shall be satisfactory only if issued by companies having at least an A- Best Insurance Rating or equivalent, and are admitted to do business in California. All applicants are required to comply with this Section prior to the issuance of any business permit.

# Company Guidance

This information can be used as a guideline on how to write your company 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 company 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 company 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 company will comply with this requirement.

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

**Principle Place of Business**

SSG Ordinance 2018-01 Section 1.030(C)(3) requires that a taxicab company must have a principle place of business from which it conducts its activities as a Taxicab Company. (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:

## Driver List

***(May attach computer generated list)***

Taxicab Company Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name, First Middle** | **Date of Birth** | **SSN** | **Driver License Number** | **SSG**  **Permit #** |
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**Taxicab List**

**(May attached computer generated list)**

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**Taxicab Company Name**

###### Per the SSG Ordinance 2018-01 Section 1.030(C)(6), current and valid vehicle registration must be submitted for each vehicle listed as part of the permitting process.

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| --- | --- | --- | --- | --- |
| **Year, Make, Model** | **License Plate** | **VIN** | **Fleet Number** | **SSG Permt #** |
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**Company Management List**

**(May attached computer generated list)**

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**Taxicab Company 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 #** |
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***Please Print in Ink, or Type***

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| --- | --- | --- | --- | --- |
| **Date:** | | | | |
| **Taxicab Business Type:** | **Sole Proprietorship** | **Partnership** | **Corporation** | **Other-describe below** |
| **If other type of business, describe here:** | | | | |

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| **Company Corporate Name:** |
| **Doing Business As (DBA) Name:** |
| **Business Mailing Address:** |
| **City: State: Zip:**  **State:**  **Zip:** |

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| **Business Operation Address :** |
| **City: State: Zip:** |

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| **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 color scheme, lettering and logo design (or attach photo).** |
|  |
| Has this company 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). |

***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: | I am at least 18 years old |
| Soc. Sec. # |  |  | CA Driver Lic. # | Driver Lic. Expires: |
| Sex: Male |  | Female | Place of Birth ~ City, State, Country: | |
| Height: |  | Weight: | Eye Color: | Hair Color: |

**Have you ever been convicted of a crime?**

**Have you ever been required to register as a sex offender?**

*If you answered YES to any of these questions, you* ***must*** *provide additional details below.*

YES

YES

NO

NO

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.***

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| Charge/Conviction | Date of Conviction | Court/Agency | Details |
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| 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: | I am at least 18 years old |
| Soc. Sec. # |  |  | CA Driver Lic. # | Driver Lic. Expires: |
| Sex: Male |  | Female | Place of Birth ~ City, State, Country: | |
| Height: |  | Weight: | Eye Color: | Hair Color: |

**Have you ever been convicted of a crime?**

**Have you ever been required to register as a sex offender?**

*If you answered YES to any of these questions, you* ***must*** *provide additional details below.*

YES

YES

NO

NO

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.***

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| Charge/Conviction | Date of Conviction | Court/Agency | Details |
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| 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 #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: | I am at least 18 years old |
| Soc. Sec. # |  |  | CA Driver Lic. # | Driver Lic. Expires: |
| Sex: Male |  | Female | Place of Birth ~ City, State, Country: | |
| Height: |  | Weight: | Eye Color: | Hair Color: |

**Have you ever been convicted of a crime?**

**Have you ever been required to register as a sex offender?**

*If you answered YES to any of these questions, you* ***must*** *provide additional details below.*

YES

YES

NO

NO

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.***

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| Charge/Conviction | Date of Conviction | Court/Agency | Details |
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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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| **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: |