



**TOWN OF PARADISE  
POLICE DEPARTMENT**

5595 Black Olive Drive, Paradise, CA 95969 • 24-Hour (530) 872-6241 • General (530) 872-6161 • FAX (530) 872-4950

**INSTRUCTIONS TO APPLICANT**

**Taxi Owner/Driver – Initial or Renewal**

In order to obtain or renew your local regulatory permit as a Taxi Owner/Driver, please complete the following items and return them to the Paradise Police Department: By applying for a Taxi Owner/Driver Permit, you are also registering for the Town's Business License. (Business License Fee Waived)

- Completed Business License Application and Supplemental
- Taxi Owner/Driver License Fee made payable to the Town of Paradise
  - Initial License Fee (See current Master Fee Schedule)
  - **OR**
  - Renewal License Fee (See current Master Fee Schedule)
- Certified print out of current Department of Motor Vehicle driver's license record.
- Photocopy of current Driver's License
- Copy of Insurance Policy
- Original signed copy of drug screening from licensed clinic or physician.
- Completed Live Scan fingerprint application
- Payment of Live Scan fingerprint fees.
- Current and valid State of California Weights & Measures Certification for all vehicles
- Tamper proof wire seal on meter switch (accuracy of the meter adjustment). Business & Professions Code Section 5.54 & 4070 of the California Code of Regulations (Taximeters) requires taxicab meters to be inspected annually by Weights & Measures. Contact Deputy Director Butte County Agriculture - Weights & Measures Department.

A Live Scan fingerprint appointment will be made at the time the completed application is submitted. Payment for Live Scan services is payable at the time of the Live Scan appointment. Live Scan fees are non-refundable. No applications will be approved until the fingerprint results are returned by the California Department of Justice. Please note: there is no specific time frame in which the Department of Justice is required to return results of fingerprints.

You will be notified when your application has been approved. At that time, an appointment will be scheduled to have your photograph taken and to receive your Taxi Owner license and Taxi Driver ID Card.

- Approval by Police Department
- Approval by Human Resources/Town Attorney (Review Insurance Policy)
- Approval by Planning Director (If applicable)

Taxi Owner/Driver licenses are valid for twelve months (12) from the date of issue. To renew, please submit an updated application and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply. **The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at [www.townofparadise.com](http://www.townofparadise.com).**

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.19 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a fee may be collected in addition to any other fees for compliance with disability access laws.



# Town of Paradise Business License Application

5555 Skyway  
Paradise, CA 95969  
Tel: 530-872-6291  
www.townofparadise.com

New Business (\$40)    Renewal (\$25)    Commercial    Home Based Business    Bank    Located outside Paradise

### BUSINESS INFORMATION

Information in this section is available to the public if requested

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Website: \_\_\_\_\_

Business Address: \_\_\_\_\_ Would you like your Business Name and Website included in an online directory?  
 Yes    No

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Business Mailing Address (if different) (Address, City, State and ZIP): \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Business Category (circle one):  
 Retail / Construction & Development / Technology & Communication / Food Services & Ag  
 Production / Government & Non-Profit / Healthcare / Manufacturing / Tourism / Utilities /  
 Real Estate / Other

If you do not know your NAICS code, visit  
<https://www.census.gov/eos/www/naics/>

Number of Employees: \_\_\_\_\_ State of California Seller's Permit Number: \_\_\_\_\_

Hours/Days of Operation: \_\_\_\_\_ Tax Exempt    Yes    No   Religious Organization  
 Yes    No

Please describe in detail your business activity to be conducted within the Town of Paradise:

### EMERGENCY CONTACT INFORMATION (PLEASE LIST 3 UNIQUE CONTACTS)

Personal Contact information will be kept private

Contact 1 – Business Owner Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contact 2 – Name and Relationship/Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contact 3 – Name and Relationship/Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner Name (if different from business owner) \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
 Email: \_\_\_\_\_

Alarm Permit Number: \_\_\_\_\_ Alarm Type (circle all that apply):  
 Alarm Company: \_\_\_\_\_ Water Flow / Smoke Detector / Heat Detector / Manual Pull Box / motion – intruder /  
 Other \_\_\_\_\_

Responsible Contact: \_\_\_\_\_

Janitorial Service: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hours at Location: \_\_\_\_\_

### BUILDING INFORMATION (NOT REQUIRED IF LOCATED OUTSIDE PARADISE)

Information in this section is available to the public if requested

Structure Type (circle one): Commercial / Residential Single Family / Residential Multi-Family / Assembly /  
 Manufacturing / Other \_\_\_\_\_ **Floor plan diagram (Optional FD Use)**

Animals Located on Business Premise?    Yes    No   Fire Suppression System (Sprinklers)?    Yes    No   Knox Box?    Yes    No

Utility Shutoff Locations :   Gas: \_\_\_\_\_   Hazardous Materials on site?    Yes    No  
 Electric: \_\_\_\_\_   Hazardous Materials Location: \_\_\_\_\_  
 For information on reporting requirements, visit  
<http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx>

# TOWN OF PARADISE

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Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

## Specialty Permit Information

 Initial Renewal

### TO BE COMPLETED BY APPLICANT

Applicant Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Event Dates: \_\_\_\_\_ to \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Event Times: \_\_\_\_\_ to \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Event Dates: \_\_\_\_\_ to \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Event Times: \_\_\_\_\_ to \_\_\_\_\_  
CDL: \_\_\_\_\_ State \_\_\_\_\_ Expires: \_\_\_\_\_  Event Located in Downtown Paradise Area  
Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_ Type of Merchandise being sold? \_\_\_\_\_  
Additional Information: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of a felony, as defined by California law?  YES  NO  
If YES, Date of conviction: \_\_\_\_\_ Offense \_\_\_\_\_  
Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?  
 YES  NO If YES, Date \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).  
*I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.*  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Taxi Owner/Driver - Supplemental**

**TO BE COMPLETED BY APPLICANT**

Applicant Name: \_\_\_\_\_ Taxi Company Name: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**List each vehicle used in the business**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

License Plate \_\_\_\_\_ Garage Location \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

License Plate \_\_\_\_\_ Garage Location \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

License Plate \_\_\_\_\_ Garage Location \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

License Plate \_\_\_\_\_ Garage Location \_\_\_\_\_

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License Plate \_\_\_\_\_ Garage Location \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

License Plate \_\_\_\_\_ Garage Location \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_