

TOWN OF PARADISE

POLICE DEPARTMENT

5595 Black Olive Drive, Paradise, CA 95969 (530) 872-6241 FAX (530) 872-4950

INSTRUCTIONS TO APPLICANT

Taxi Driver – Initial or Renewal

In order to obtain or renew your local regulatory permit as a Taxi Driver, please complete the following items and return them to the Paradise Police Department:

- Completed Taxi Driver Application
- Supplemental Information Sheet
- Business 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
- Original signed copy of drug screening from licensed clinic or physician.
- Completed Live Scan fingerprint application
- Payment of Live Scan fingerprint fees.

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 Driver ID Card

- Approval by Police Department

Taxi 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.

• 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 One Dollar (\$1.00) fee may be collected in addition to any other fees for compliance with disability access laws.

TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Town of Paradise License Application

Initial

Renewal

TO BE COMPLETED BY APPLICANT

Applicant
Name: _____

Home
Address: _____

City: _____ State _____ ZIP: _____

Home
Phone: _____

DOB: _____

SSN: _____

CDL: _____ State _____ Expires: _____

Mobile _____

E-Mail _____

Business
Name: _____

Business
Location: _____

City: _____ State _____ ZIP: _____

Phone: _____

Business Mailing
Address: _____

Tax Exempt?

Charitable?

Charitable Purpose? _____

List All Residences in the Last Five Years

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 _____

TOWN OF PARADISE

Town Hall, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Application Specific Information - Taxi Driver

TOWN OF PARADISE USE ONLY

<input type="checkbox"/>	SIGNED TOWN OF PARADISE 5.19 LICENSE APPLICATION	BY: _____	DATE: _____
<input type="checkbox"/>	RECEIPT OF INITIAL OR RENEWAL LICENSE FEES PAID	BY: _____	DATE: _____
	AMOUNT PAID: _____ RECEIPT # _____		
<input type="checkbox"/>	SIGNED TOWN OF PARADISE 5.19 SUPPLEMENTAL INFO. SHEET	BY: _____	DATE: _____
<input type="checkbox"/>	LIVE SCAN FINGERPRINT COMPLETED AND FEES PAID	BY: _____	DATE: _____
<input type="checkbox"/>	FBI Return Received	<input type="checkbox"/>	DOJ Return Received
<input type="checkbox"/>	CERTIFIED COPY OF DMV PRINT-OUT		
<input type="checkbox"/>	DRUG SCREENING COMPLETED		
<input type="checkbox"/>	COPY OF CURRENT DRIVER'S LICENSE		
<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	REJECTED
	By: Police Department	BY: _____	DATE: _____

ID Card _____ EXPIRATION DATE _____

Copies Routed To: Police _____ _____

COMMENTS REGARDING REJECTION OR OTHER: _____

**PARADISE POLICE DEPARTMENT
SUPPLEMENTAL INFORMATION SHEET
TAXI DRIVER**

This form must be signed by the owner of the Taxi service you are applying under before your application can be processed.

EMPLOYMENT VERIFICATION

I hereby confirm that I intend to hire, or have already hired the subject named below whose application accompanies this document.

APPLICANT NAME (PLEASE PRINT)

BUSINESS NAME

OWNER'S NAME (PLEASE PRINT)

SIGNATURE

DATE



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0040500

ORI (Code assigned by DOJ)

TAXI LICENSE

Authorized Applicant Type

TAXI DRIVER

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

PARADISE POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

06068

Mail Code (five-digit code assigned by DOJ)

5595 BLACK OLIVE DRIVE

Street Address or P.O. Box

V. LYNCH

Contact Name (mandatory for all school submissions)

PARADISE

City

CA 95969

State ZIP Code

(530) 872-6161

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 100170

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed