



# 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:

- Completed Taxi Owner/Driver Application, Pages 1 - 3
- 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.

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 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 \_\_\_\_\_

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**Application Specific Information - Taxi Owner/Driver Page 2 of 3**

**TOWN OF PARADISE USE ONLY**

<input type="checkbox"/> SIGNED TOWN OF PARADISE 5.19 LICENSE APPLICATION (3 pgs.)	RECEIVED BY: _____	DATE: _____
<input type="checkbox"/> RECEIPT OF INITIAL OR RENEWAL LICENSE FEES PAID	RECEIVED BY: _____	DATE: _____
AMOUNT PAID: _____ RECEIPT # _____		
<input type="checkbox"/> CURRENT METER CERTIFICATE FOR ALL VEHICLES	RECEIVED BY: _____	DATE: _____
<input type="checkbox"/> LIVE SCAN FINGERPRINT COMPLETED AND FEES PAID	RECEIVED 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"/> COPY OF INSURANCE POLICY		
<input type="checkbox"/> DRUG SCREENING COMPLETED		
<input type="checkbox"/> COPY OF CURRENT DRIVER'S LICENSE		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED	RECEIVED BY: _____ DATE: _____
<input type="checkbox"/> APPROVED By Police Department	<input type="checkbox"/> REJECTED	RECEIVED BY: _____ DATE: _____
<input type="checkbox"/> APPROVED By Fire Department	<input type="checkbox"/> REJECTED	RECEIVED BY: _____ DATE: _____
<input type="checkbox"/> APPROVED By Planning Director	<input type="checkbox"/> REJECTED	RECEIVED BY: _____ DATE: _____

PERMIT LICENSE # \_\_\_\_\_ ID CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Copies Routed To:  Police \_\_\_\_\_  Planning Dir. \_\_\_\_\_  HR/Town Attorney \_\_\_\_\_

COMMENTS REGARDING REJECTION OR OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Application Specific Information - Taxi Owner/Driver Page 3 of 3

### 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 \_\_\_\_\_



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0040500

ORI (Code assigned by DOJ)

Taxi License

Authorized Applicant Type

Taxi Owner/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)

Pardise

City

CA

State

95969

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

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification 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