



November 1, 2018

Re: **City of Del Mar 2019 Taxicab Operations Permit Renewal**

Dear Taxicab Owner:

****Please note that City Hall has returned to
1050 Camino Del Mar, Del Mar 92014.***

Enclosed you will find your 2019 Taxicab Operations renewal package, along with your business license renewal. We would like to get an early start on processing applications for the 2019 Taxicab renewal. To ensure that your cab company will have 2019 Del Mar taxi medallions by January 1, 2019 at 12:01 am, please return the completed renewal package by November 15. Scheduling final vehicle inspections will become difficult as we get into the Holiday season.

The insurance requirement for 2019 is now \$350,000 combined single limit. Please make sure that the insurance certificate includes the required insurance amount and that the City of Del Mar is listed as the additional insured.

Be sure to have all forms completed before submitting them to the *Finance Department in person at City Hall. It is the applicant's responsibility to provide paper copies as requested on the checklist **before** you submit the application to the Finance department. **We do not make copies for you.** Payment is accepted with submittal of a completed application package. The City will not accept incomplete applications.

Once again, it is highly recommended that your renewal application be submitted to the City as soon as possible before November 15th. Once your application is accepted, it may take approximately four weeks or more to schedule your vehicle inspection with the Sheriff's Department. Your Permit will be applied to the vehicle with a successful vehicle inspection at the San Diego County Sheriff's Licensing division.

We also have the Taxicab forms package available on the City of Del Mar website at <http://www.delmar.ca.us/taxi>.

If you have any questions, please contact me at (858) 755-9313, Ext. 1184 or email your question to lmiddleton@delmar.ca.us.

Sincerely,

Les Middleton
City of Del Mar Finance Department



CITY OF DEL MAR
 Finance Department
 1050 Camino Del Mar
 Del Mar, CA 92014-2698
 (858) 755-9354 Fax (858) 755-5335

APPLICATION FOR TAXICAB COMPANY OPERATOR

Fees: NEW \$118.00 Fee + \$50.00 per vehicle + Business License Fee
 RENEWAL \$ 98.00 Fee + \$50.00 per vehicle + Business License Fee

Fees are not refundable

YOU MUST SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

- ___ 1 This Taxi application plus completed Business License application.
- ___ 2. **Complete** a Background Application and Authorization to Release Information form for each owner.
- ___ 3. **Copy** of valid driver's license and San Diego County Taxi Driver's I.D. for each driver listed below.
- ___ 4 **Copy** of Insurance Certificate to reflect \$350,000 per occurrence and showing City of Del Mar as certificate holder.
- ___ 5 **Copy** of Taximeter report for each vehicle being licensed. Signed and approved by the Department of Weights and Measures.
- ___ 6 Completed Fare Rate Schedule for each licensed cab.
- ___ 7 **Copy** of current **Commercial** vehicle registration(s).
- ___ 8 Complete the top portion of **Taxicab Inspection** form for each vehicle. The Sheriff's Department will contact you to schedule an inspection. They will finish filling out the form during the inspection.
- ___ 9 **Copy** of Fictitious Business Name Statement if business name is other than owner's name. Include a **Copy** of Articles of Incorporation and Statement by Domestic Stock (listing the corporate officers and directors) if applicable.
- ___ 10 Taxi and Business License application fees. Fingerprinting (required for new applicants only) services are required from any Department of Justice (DOJ) Live Scan location. A "Request for Live Scan Service" form will be provided to you. Take the form to the Live Scan operator of your choice. **You will pay a \$32.00 DOJ fee plus a \$20.00 Live Scan service fee directly to the Live Scan Operator.**

While we will make every effort to assist you, we do not accept incomplete applications. You must provide copies where requested.

BUSINESS NAME: _____ TELEPHONE NO. _____

STREET ADDRESS: _____
 Number Street City State Zip

PERMIT ADDRESS: _____
 Number Street City State Zip

ARE YOU THE SOLE OWNER OF THIS BUSINESS? YES [] NO []
 (If not, each partner/business associate must **complete a Background Application Form** to be submitted with this application.)

Total # of drivers: _____
 (Attach additional sheet if needed)

<u>First Name</u>	<u>Middle</u>	<u>Last Name</u>	<u>Taxi License ID#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Taxi Company

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Total # of cabs to be licensed: _____

Complete the following information for each vehicle to be licensed.
(Attach additional sheet if needed)

<u>Year & Make</u>	<u>Cab Number</u>	<u>Passenger Capacity</u>	<u>License #</u>	<u>Vehicle ID #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AREA OF OPERATION: _____

COLOR OF VEHICLES: BODY: _____ ROOF: _____ FENDERS: _____

TRADEMARK/INSIGNIA: _____

LOCATION OF TRADEMARK/INSIGNIA: _____

SCHEDULE OF AUTHORIZED FARES: (Attach a copy to this application)

INITIAL FLAG DROP: _____ TRAVEL CHARGE PER MILE: _____ WAITING TIME PER HR: _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO HAVING ALL OF THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U. S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THOSE SECTIONS OF THE CITY OF DEL MAR MUNICIPAL CODE PERTAINING TO THE OPERATION OF TAXICABS.

SIGNATURE _____

DATE _____

FOR USE OF SHERIFF INVESTIGATOR

APPROVED _____ DISAPPROVED _____

REASON _____

BY _____ DATE _____

ACCEPTED BY: _____

Initials

Date



CITY OF DEL MAR
Finance Department
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Del Mar, CA 92014-2698
(858) 755-9354 Fax(858) 755-5335

BACKGROUND APPLICATION FOR TAXICAB OWNER

1. Photo identification (i.e., California Driver's License) FILE # _____
2. Release & Waiver Form

Please PRINT or TYPE legibly.

Type of business or activity for which you are applying Taxicab Operation

Affiliation with business or title (check one) Owner Manager Officer Partner Other

Name _____ (_____) _____
(Last) (First) (Middle) Telephone

All other names used (Past and present. Include maiden name) _____

Date of Birth _____ Place of Birth _____ Sex [M] [F]

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License No: _____ Soc. Sec. No: _____ - _____ - _____

Residence _____
(Number) (Street) (City) (State) (Zip)

Have you applied for a similar regulatory license in any other jurisdiction in the past (5) five years?
If yes, where? YES NO

List all charges (misdemeanors & felonies) resulting in conviction or plea of nolo contendere:

<u>Date</u>	<u>Charge</u>	<u>Investigating Agency</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.

Applicant Signature _____ Date _____
Application Accepted By _____ Date _____

SHERIFF'S USE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVAL Date _____ Signature _____
COMMENTS _____



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AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

Subject Name: _____

Date of Birth: _____ SSN: _____

As an applicant for a taxicab operations permit from the City of Del Mar, I am required to furnish information for use in determining my qualifications. In this connection, I authorize the disclosure and release of any and all truthful information that you may have concerning me, including, but not limited to, employment records, personnel files, background investigation files, disciplinary records, complaints or grievances filed by or against me, training files, arrest, criminal, probation and driving records, military, academic or other records.

I direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Del Mar and the San Diego County Sheriff's Department.

I understand I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

I hereby release you, your organization, their agents and representatives, and any person furnishing information, from any and all liability and/or damage that may result from furnishing the above information. A photocopy of this release is to be considered as valid as an original. This release will expire one (1) year after the date signed.

Signature: _____ Date: _____

Full Name (Printed): _____

Witness: _____ Date: _____



CITY OF DEL MAR

Finance Department
1050 Camino del Mar
Del Mar, CA 92014-2698
(858) 755-9354 (858) 755-5335 (Fax)

COMPANY TAXI DRIVERS

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS OWNER(S): _____

EMPLOYEES:

- | | | | | |
|-----|-------|-------|--------|------------------|
| 1. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 2. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 3. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 4. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 5. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 6. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 7. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 8. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 9. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 10. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 11. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |
| 12. | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Taxi License ID# |

EMPLOYEES - CONTINUED

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13.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
14.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
15.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
16.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
17.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
18.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
19.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
20.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
21.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
22.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
23.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
24.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#
25.	_____	_____	_____	_____
	Last	First	Middle	Taxi License ID#



DEL MAR

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TAXIMETER/FARE RATE SCHEDULE

NOTE: A copy of the most recent Taximeter/Odometer Inspection Report* must be attached for each cab to be licensed. (*County of San Diego, Agriculture, Weights & Measures, 5555 Overland Ave., Building 3, San Diego, CA 92123 (619) 694-2778)

Date: _____ Cab # _____

COMPANY _____

Address _____

Telephone Number _____

No. of Taxicabs to be licensed	
Rate for 1 st _____ mile	\$
Rate each additional _____ mile	\$
Per hour wait time	\$

ALL TAXICABS HAVE HAD THEIR TAXIMETERS TESTED AND SEALED AT THE ABOVE LISTED RATES.



William D. Gore, Sheriff

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT TAXI INSPECTION FORM

Inspection is for Taxi Medallion in the following area(s):

Unincorporated ___ **Encinitas** ___ **Solana Beach** ___ **Del Mar** ___ **Vista** ___ **San Marcos** ___

Inspection Date _____ **Inspection Location** _____

Company Name _____

Vehicle Year _____ **Vehicle Make** _____ **Vehicle Model** _____

VIN _____ **Plate #** _____ **Cab #** _____

Vehicle Color _____ **Color of Lettering** _____

Taximeter Make _____ **Taximeter Serial #** _____

Taximeter Inspection: [] Yes [] No **Taximeter Inspection Date:** _____

Rates: \$ _____ per _____ mile \$ _____ each additional _____ mile \$ _____ per hour wait time

Fares Posted? [] Yes [] No

-----**BELOW PORTION TO BE COMPLETED BY TAXI INSPECTOR**-----

Overall Condition Of Vehicle

EXTERIOR BODY

- No tears or rust holes in the vehicle body
- No loose pieces hanging from vehicle body
- Fenders, bumpers, trim securely fixed to vehicle
- Vehicle equipped with front/rear bumpers
- No extensive un-repaired body damage
- Ext. reasonably clean name/number not obscured
- Painted and marked with approved color scheme

PASS	FAIL	REPAIR & RETURN
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]

LIGHTS

- Headlights operable on both high and low beam
- Taillights/parking/signal & interior lights operable

[]	[]	[]
[]	[]	[]

DOORS

- Door latches/handles operable (interior/exterior)
- Handles & doors are intact and clean

[]	[]	[]
[]	[]	[]

WINDOWS/WIPERS

- No cracks or chips that would interfere w/driver
- Intact & able to be opened/closed
- Clean so as not to obstruct visibility
- Wipers maintained in good operating condition
- No aftermarket tint applied to any window

[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]

(Solana Beach Only)

(OVER)

