



CITY OF SOLANA BEACH
635 SOUTH HIGHWAY 101, SOLANA BEACH, CA 92075
858 720-2403

BACKGROUND APPLICATION FOR SHERIFF'S REGULATORY ACTIVITIES

1. Photo identification (i.e., California Driver's License).
2. Release & Waiver Form.
3. If not born in U.S., submit permanent residence status, I-94 or U.S Passport.

Please type or print legibly.

Type of business or activity for which you are applying: _____

Affiliation with business or title: (check one) Owner Officer Partner other

Name: _____ Phone: _____

(Last) (First) (Middle)

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? YES NO

If yes, where? _____

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: _____

SHERIFF'S USE: [] APPROVED [] 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 business permit/license from the San Diego Sheriff's Department, 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 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): _____

<p>SHERIFF'S USE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVAL Date: _____ Signature: _____</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p>
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**CITY OF SOLANA BEACH
TAXICABS AND TAXICAB OPERATORS PERMIT APPLICATION**

TAXI OPERATOR

COMPANY NAME: _____

HEADQUARTERS ADDRESS: _____

HEADQUARTERS PHONE: _____ GARAGE PHONE: _____

NUMBER OF VEHICLES: _____

COLOR OF CABS: BODY _____ ROOF _____ FENDERS _____

TRADEMARK/INSIGNIA: _____ LOCATION ON CAB: _____

SCHEDULE OF FARES:

PER CAPITA: _____ PER MILE: _____ PER ZONE: _____

PERFORMANCE: THE UNDERSIGNED APPLICANT ACKNOWLEDGES RESPONSIBILITY UNDER THE LICENSE TO PROVIDE SERVICE AS INDICATED ABOVE FOR THE DURATION OF THE LICENSE PERIOD.

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 HAVE RECEIVED, UNDERSTAND AND AGREE TO HAVE ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION.

DATE: _____ TAXICAB DRIVER'S SIGNATURE: _____

**CITY OF SOLANA BEACH
DEPARTMENT APPROVALS**

Each appropriate department will sign this page indicating the applicant has met all requirements and then Code Enforcement Department may issue a permit.

PLANNING DEPARTMENT

APPROVED: _____

DISAPPROVED: _____

REASON: _____

BY: _____

WITH THE FOLLOWING CONDITIONS:

DATE: _____

CODE ENFORCEMENT DEPARTMENT

APPROVED: _____

DISAPPROVED: _____

REASON: _____

BY: _____

WITH THE FOLLOWING CONDITIONS:

DATE: _____



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

	PASS	FAIL	REPAIR & RETURN
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	[]	[]	[]

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	[]	[]	[] <i>(Solana Beach Only)</i>

(OVER)

SEATS/SEAT BELTS/TRUNK

Seats securely fastened to vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seats reasonably clean no large wear spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholstery free of grease/holes/rips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior/trunk or luggage area reasonably clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trunk/luggage area empty except for spare tire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRAKES

Brake systems are operable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STEERING

Excessive play does not exceed 3" free play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ENGINE

Clean/free of uncontained combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EXHAUST

Mufflers good operating condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SUSPENSION

Does not sag due to weak/broken springs/shocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TIRES/WHEELS

Tires comply with CA Vehicle Code 27465(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hubcaps or wheel covers on all wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISC.

Daily trip log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Service sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEL MAR ONLY ITEMS

(per Del Mar City Ordinance 6.32.040)

Minimum of 3 passenger seats securely fastened to vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Name, telephone #, vehicle ID # displayed on outside doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle windows may not be tinted except as permitted by law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must have "In Service/Out of Service" signs visible to pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current posted rate on outside of rear passenger door and inside dash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS must be installed and must be visible to passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two way radio communication or Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle must carry a Credit Card Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher & red signal flares required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipped with an emergency trunk release system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADA Compliant (if more than five vehicles for one company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver must be dressed in a neat and clean fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No smoking allowed in vehicle at ANY time, whether in or out of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: Del Mar City is now requiring ALL of the above IN ADDITION to all the standard Sheriff's inspection items. If any of the above items does NOT PASS the initial Sheriff's inspection, driver must CONTACT DEL MAR CITY for a follow-up inspection and show proof of corrected item(s) in order to receive medallion from the city.

Comments: _____

Passed Inspection: Yes No

Cab in service Cab out of service

Unincorp. # _____ Encinitas # _____ Solana Beach # _____

Del Mar # _____ Vista # _____ San Marcos # _____

Inspected By _____ Date _____