



**Police Department
City of Emeryville**



2449 Powell Street
Emeryville, CA 94608

Chief of Police
Jennifer G. Tejada

VEHICLE FOR HIRE – PERMIT PROCESS

The City is now accepting new and renewal applications for **2017 Taxi Permits**. Renewal applications for fleets and drivers expire **December 31, 2016**. Renewal applications for fleet and drivers are due **November 15, 2016**. The Police Department will only accept complete applications **PLEASE NOTE: The Finance Division will not be able to accept business license fees until Thursday, December 15, 2016**. The Application Forms are available on-line and can be accessed at [Emeryville.org](http://www.emeryville.org) under the Police Department's link. The Application Forms can also be obtained from the Finance Division or the Emeryville Police Department. It is highly recommended that you review the Ordinance for a complete understanding of the process at <http://www.codepublishing.com/ca/emeryville/> (accessing Emeryville Municipal Codes 4-8.1.1 -- 4-8.2.8), as the following is simply a summary of a few provisions.

FLEET MANAGEMENT APPLICATION Telephone Number: (510) 596-3718

This form shall be submitted to the Emeryville Police Department, Professional Services Division. It is to be completed on behalf of the fleet or sole proprietor intending to operate in the City and will require additional information and supporting documents from previous years such as:

Non-Refundable Application Fee of \$314

- Each Taxi Company shall designate a Fleet Manager which will be the primary contact for the City.
- Certified Copy of a current and valid Fictitious Business Name Certificate/Statement.
- Each Company is limited to a total of **TEN (10)** permitted vehicles. The City will only issue a total of **ONE HUNDRED FIFTY (150)** vehicle permits for 2017 on a "First Come, First Serve Basis" based upon the vehicles listed on Fleet Management Applications that successfully pass the Taxicab Safety Inspection. Please ask EPD staff to time and date-stamp application upon receipt. Only those vehicles listed on the approved Fleet Management Application may seek a Taxicab Safety Inspection.
- Insurance must name the registered owner of the vehicle, fleet management permittee and any permitted taxi drivers for at least One Hundred Thousand Dollars for a combined single limit per accident. (See Section 4-8.1.8 for complete text on Insurance Requirements.)
- Drug & Alcohol Testing is required for all Drivers.

Note: Every fleet management permittee shall notify the Chief of Police in writing of any change in the information originally supplied on the permit application form within ten (10) calendar days of any such change. Upon completion of the Fleet Management Application Process, companies are encouraged to immediately schedule their safety inspections to ensure receipt of the limited number of available permits.

TAXI PERMIT Telephone Number: (510) 596-3723

You will be scheduled an appointment and notified by mail of your date and time for the Taxicab Safety Inspection. The following will be required:

- Non-Refundable Fee of \$78**

TAXI DRIVER'S PERMIT Telephone Number: (510) 596-3718

This form shall be submitted to the Emeryville Police Department, Professional Services Division. The following will be required:

Non-Refundable Application Fee of \$157 & Renewal Fee of \$157

- Drivers whose names were not listed on the Fleet Management Application must provide written acknowledgement from the Fleet Manager naming such drivers as employees under their Fleet Management Permit and acknowledging the Fleet Manager will ensure these drivers comply with the Taxicab Ordinance.
- All drivers must undergo Drug and Alcohol Testing pursuant to Section 4-8.1.6. Test results for independent drivers will be submitted directly to the Police Department.



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FLEET MANAGEMENT APPLICATION

(If a field does not apply, write N/A for Not Applicable)

(Non-Refundable Application Fee: \$314)

COMPANY NAME:	
BUSINESS ADDRESS:	
CITY:	STATE & ZIP:
PHONE:	
FEDERAL TAX IDENTIFICATION #: (If you have employees, you are required to provide a Federal I.D. number. If no employees, please provide a Social Security number.):	
Please disclose all names, phone numbers, residences and business addresses, dates of birth and driver license numbers of all directors, officers, partners, owners and associates who directly or indirectly hold a financial interest. (Attach additional sheet(s), if needed.)	
NAME/TITLE:	PHONE #:
RESIDENT ADDRESS:	BUSINESS ADDRESS:
DATE OF BIRTH:	DRIVER LICENSE #:
Have you ever been arrested/convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, list all criminal convictions and arrest dates:	
NAME/TITLE:	PHONE #:
RESIDENT ADDRESS:	BUSINESS ADDRESS:
DATE OF BIRTH:	DRIVER LICENSE #:
Have you ever been arrested/convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, list all criminal convictions and arrest dates:	
NAME/TITLE:	PHONE #:
RESIDENT ADDRESS:	BUSINESS ADDRESS:
DATE OF BIRTH:	DRIVER LICENSE #:
Have you ever been arrested/convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, list all criminal convictions and arrest dates:	

FLEET MANAGER NAME:	PHONE #:
RESIDENT ADDRESS:	BUSINESS ADDRESS:
DATE OF BIRTH:	DRIVER LICENSE #:
Have you ever been arrested/convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, list all criminal convictions and arrest dates:	

FLEET INFORMATION: NUMBER OF VEHICLES OWNER WISHES TO OPERATE IN THE CITY OF EMERYVILLE: _____ (Limit is ten (10) vehicles.)

MOTOR VEHICLE LIABILITY INSURANCE: ATTACH A *COPY* OF YOUR INSURANCE POLICY, COMPLYING WITH MUNICIPAL CODE SECTION 4-8.1.8, NAMING AND INSURING THE REGISTERED OWNER OF EACH TAXICAB, FLEET MANAGER, ANY PERMITTED TAXI DRIVERS AND OTHERS OPERATING SUCH VEHICLES WITH CONSENT OF THIS COMPANY. *The policy will include the Insurance Company's name, address, phone number and policy number.*

LIST THE MAKE, MODEL, YEAR, MILEAGE & LICENSE PLATE # OF EACH VEHICLE BEING SUBMITTED TO OPERATE, ATTACHING A COPY OF THE CURRENT REGISTRATION:

	MAKE/MODEL	YR	MILEAGE	LICENSE PLATE NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ATTACH THE FOLLOWING:
A PHOTO OF THE PROPOSED COLOR SCHEME FOR EACH TAXICAB, A CERTIFIED COPY OF YOUR CURRENT, VALID FICTITIOUS BUSINESS NAME CERTIFICATE, EVIDENCE OF PUBLICATION, AN AFFIANT OF PUBLICATION AND PROOF OF PAYMENT FOR THE BUSINESS LICENSE, FLEET MANAGEMENT PERMIT FEE AND TAXICAB PERMIT FEE FROM THE CITY OF EMERYVILLE

NUMBER OF EMPLOYEES: _____ **List each employee's name, title, address, phone number, date of birth and driver license number: (Attach additional sheet(s), if needed.)**

EMPLOYEE'S NAME:	TITLE:
RESIDENT ADDRESS:	PHONE #:
DATE OF BIRTH:	DRIVER LICENSE #:

EMPLOYEE'S NAME:	TITLE:
RESIDENT ADDRESS:	PHONE #:
DATE OF BIRTH:	DRIVER LICENSE #:

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DATE OF BIRTH:	DRIVER LICENSE #:

EMPLOYEE'S NAME:	TITLE:
RESIDENT ADDRESS:	PHONE #:
DATE OF BIRTH:	DRIVER LICENSE #:

EMPLOYEE'S NAME:	TITLE:
RESIDENT ADDRESS:	PHONE #:
DATE OF BIRTH:	DRIVER LICENSE #:

RADIO DISPATCHING SERVICE (Attach licenses for the radio operations or name of contract radio dispatching service. Attach additional sheet(s), if needed.)

Describe dispatching service:	
Address:	Phone #:

MANDATORY CONTROLLED SUBSTANCE & ALCOHOL TESTING:

COMPANIES WITH EMPLOYEES:

TESTING RESULTS OF NAMED DRIVERS WILL BE ISSUED DIRECTLY TO THE FLEET MANAGEMENT APPLICANT OR FLEET MANAGER. FLEET MANAGERS SHALL NOTIFY THE CHIEF OF POLICE OF ANY POSITIVE TEST RESULTS.

FLEETS ARE RESPONSIBLE TO PAY THE COST OF ALL INITIAL TESTING (see Govt. Code §53075.5(E)(3)(A) for more detail) FOR LISTED DRIVERS WITH FLEET MANAGEMENT PERMIT AND BUSINESS LICENSE FEES. **A COPY OF THE RESULTS THAT THE DRIVERS HAVE TESTED NEGATIVE FOR DRUGS AND ALCOHOL THROUGH AN APPROVED LABORATORY MUST BE PROVIDED TO THE EMERYVILLE POLICE DEPARTMENT.**

SELF-EMPLOYED DRIVERS:

TEST RESULTS WILL BE ISSUED DIRECTLY TO THE CHIEF.

I acknowledge that I have read, understand and am in compliance with Emeryville Municipal Codes 4-8.1.1 - 4.8.1.15.

I understand that I must notify the Chief of Police and/or his designee in writing of any change in the information supplied on this application within ten (10) calendar days.

The Emeryville Police Department shall conduct an investigation of this application and may issue a taxicab permit to the applicant within thirty (30) days of its receipt. I understand that any false statements will disqualify this application. I understand that the Chief of Police and/or his designee may make a recommendation to deny, suspend or revoke a permit if there are any violations of Local, State or Federal laws applicable to such business.

I understand that the Chief of Police and/or his designee may request any documents for inspection (i.e. waybills, dispatch logs, training records, complaints, etc.). I hereby consent to the access of such documents.

APPLICANT SIGNATURE: _____

TITLE: _____

DATED: _____

PERMIT APPROVED:	PERMIT DENIED:
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EMERYVILLE POLICE NAME/SERIAL #: _____

DATED: _____