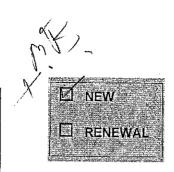


TAXICAB NEW DRIVER PERMIT APPLICANT TASK AND CHECKLIST



Name Michael BIRN Phone 707921-614 STEP 1 Present the following documents at the Santa Rosa Police Department, 965 Sonoma Avenue, Santa Rosa: Completed and signed Application form. Completed and signed Notice of Intent to Hire/Lease. Completed and signed Criminal History and Authorization to Release Information. Two (2) current quality color, 2" x 2" passport size photographs. Copy of completed LIVESCAN form and receipt of payment. Copy of drug test (NIDA or 10-Panel) issued in past 30 days. Copy of alcohol test (BAT) issued in past 30 days. Payment of \$160.00 for Application Fee. STEP 2 Santa Rosa Police Department to complete: Copy (front and back) of California Driver's License. DMV printout of Driving History. STEP 3 .After receiving notification that your request for a driver's permit has been approved, you must contact the × Santa Rosa Police Department and make an appointment to receive your permit. A one-year permit will be issued after Police Chief's approval.

Tasks to be completed by Police Personnel:

Criminal history check on fingerprints (Live Scan results) returned from Department of Justice

DOJ DILEADS CLETS LIVE SCAN DATED:

Santa Rosa Police Department records check on applicant (ILEADS CLETS etc.):

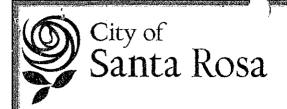
Police Personnel recommendations on the issuance of a permit to the applicant.

Police Chief or DESIGNEE:

Upon review, this application is: DAPPROVED DENIED

Signature: Randow Date:

Date: 9/1/14/



APPLICATION FOR TAXICAB DRIVER PERMIT

(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

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Please complete the following:	
Please type or print clearly in ink. If additional space is necessary to complete any answer, please complete on additional sheet(s) indicating question number being answered. Reference to any attachments/exhibits must be clearly identified in this application and properly labeled.	Office:Use: (Photo)
Date of Application: Ang. 27, 2014 Name: Michael BYRN	
Other names you have used or been known by (maiden name, alias, nicknames):	
Residence Address (include street, city, and zip code): Not Pemahatte + 35 Condon Denty Mailing Address, If different (include street, city, and zip code): School Condon Cond	10r. 2 in 95427
Home Phone: Cell Phone: 246141 Email: 1000 P. Are you a U.S. citizen? Social Security No:	
Date of Birth: Place of Birth: Place of Birth: Out CA	
Sex: (M Height: 5) Weight: 210 Hair Color Brown Ey	e Color Con
Driver's License # [A photocopy (front and back) of license will be taken by Police personnel.] State: Date Issued/9/5	Expiration Date:
Name of the taxicab company who you will be driving for: FODITING TO Y Address and phone number: 588 Posses and FVC.	Yellow CAR
Have you ever had a permit to operate a taxicab issued to you by another city, county, been suspended or revoked, please list by permit title, city, county, and state of issuan	



NOTICE OF INTENT TO HIRE/LEASE TAXICAB DRIVER PERMIT

(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

Notice of Intent to Hire/Lease:

IMPORTANT: Driver may NOT drive until:

- Drug and alcohol tests have been completed and results proven negative;
- Driver has been issued a City Driver's Permit; and
- Owner/Manager and driver have discussed the rules and regulations set forth in Santa Rosa Municipal Gode, Chapter 6-87, Taxicab Services Ordinance.

As the owner/authorized agent of (taxicab company name): Yellow Casterial Intend to hire/lease (name of applicant): Michael By (name of applicant): driver, effective from the date he/she is added to the company insurance policy.

By signing below, you acknowledge these terms and agree to abide by the terms and conditions of the City Ordinance.

Owner/Authorized Agent Signature

Print Name & Title

Date

CITY OF SANTA ROSA

CRIMINAL HISTORY

(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

Failure to **list <u>all</u> criminal convictions** may result in a denial of your application. This page MUST be completed. If there is no criminal conviction history, write "NONE" or "N/A".

Date Place (City and State		tate)	Reason (Violation)	
re you curren				
On probation	On probation? No Yes: Charges:			
On parole?	'⊠ No ☐ Yes:	Charges:		
Required to re	egister pursuant to Pena	al Code section 290	(sex registrant)? No Yes	
M	R		9/1/2014	
	Signature (Permit A	pplicant)	Date	
	TO THE CITY OF	SANTA ROSA	EASE INFORMATION A POLICE DEPARTMENT	
	(Pursuant to) Santa Rosa Munici	pal Code, Chapter 6-87)	
			ng is a true and correct statement. I furthed no item requested to be answered a	

I declare under penalty of perjury that the foregoing is a true and correct statement. I further declare under penalty of perjury that I have omitted no item requested to be answered and have included a full and correct answer to each to the best of my knowledge and belief. I hereby authorize the Santa Rosa Police Department to make whatever inquiries are necessary to verify the truth of these matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury and shall be grounds to deny or revoke the permit sought by this application.