

For Department Use only

ID # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DATE: \_\_\_\_\_

# GARDENA POLICE DEPARTMENT

# TAXI OPERATOR APPLICATION

# GARDENA POLICE DEPARTMENT

## WORK PERMIT VERIFICATION FORM

The following is to be completed only by Police Personnel:

FORMS COMPLETED:	CHECK OFF	EMPLOYEE ACCEPTING:
Work Permit Application	_____	_____
Finger printing and photos	_____	_____
Copy of Identification	_____	_____
Application fee/ or copy of receipt from Business License	_____	_____
Completion of application information Form/Tests	_____	_____

**PERSONNEL WILL VERIFY ALL COMPLETED STAGES OF THE APPLICATION PROCESS WITH THEIR SIGNATURE.**

# **GARDENA POLICE DEPARTMENT OFFICE OF BUSINESS LICENSE**

## **NOTICE TO WORK PERMIT APPLICANTS**

The Gardena Police Department requires that all individuals who are employed as gambling enterprise employees, massage therapists, taxi operators/drivers, adult entertainers or city related jobs hold a valid work permit.

**All individuals applying for a work permit must complete and submit the following:**

1. Work Permit Application.
2. Work Permit Questionnaire.
3. A photocopy of a current California Driver's License or California Identification Card.
4. Request for Live Scan Service. This form must be taken to one of the specified locations on the attached list, whereupon the applicant's fingerprints will be taken and processed. A non-refundable fee must be paid at the time of fingerprinting.
5. A non-refundable application fee must be paid at the time of application to the City of Gardena, by cash.

**ALL DOCUMENTS AND FEES MUST BE SUBMITTED TO THE  
GARDENA POLICE DEPARTMENT / CITY OF GARDENA**



# GARDENA POLICE DEPARTMENT

1718 West 162nd Street Gardena, California 90247

Phone: 310-217-9670 Fax: 310-217-9638

[www.gardenapd.org](http://www.gardenapd.org)



Rod Lyons, Chief of Police

Dear Applicant:

Thank you for your interest in obtaining a City of Gardena work permit. Before you submit your application, you should be aware of a few facts.

The permit application process in Gardena is one of the most scrutinized processes in the City. Gardena citizens want the businesses and everyone involved in them free from any corruption or deceit. This is why we take our regulation of the permits very seriously, including the issuance of licenses.

During the licensing process, we will conduct a thorough check of your background. If you pass our regulations, you will be issued a work permit that will allow you to work in the field you have applied. In addition, you are required per **Section 5.48.090(B) of the Gardena Municipal Code** to notify us whenever there is a change in information, different from originally submitted in the permit application. Such notification shall be in writing and made within **ten** days of the change. Permanent permits issued shall remain in effect for **three** years, unless revoked.

You should know that a work permit is a privilege, not a right, and you must be thoroughly honest on your application. The application for the employee work permit asks: **“Have you ever been convicted of a felony?”** and **“Have you been convicted of a misdemeanor within the past 10 years?”** If you answer **“Yes”** to either question, you must provide the details concerning the arrest.

If you have been convicted of any crime you must list them on the application, regardless of the disposition. If you have any questions, please ask someone at the front desk to assist you. People who failed to disclose arrests have used the following statements:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think the arrest had anything to do with gaming.
- I didn't think that was still on my record.

There is no excuse to withhold information on any previous convictions. You have been informed throughout the application to disclose ALL convictions. You will not necessarily be denied a license if you have ever been arrested, but you will be denied if you fail to disclose any convictions.

Sincerely,

Rod Lyons  
Chief of Police

By: Maira Rubi  
310-217-9672

*I have read and understand this letter.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Additional Information Required

Applicants prior experience as an operator including, but not limited to, the names and addresses of any taxicab or transportation service businesses the applicant has owned or managed, and whether the applicant has had a permit or license to operate such a business denied, revoked or suspended in any jurisdiction, and the reason therefore.

Name of business where experience gained:		
Address:		
City:	State:	Zip:
Phone #:		
Permit denied, revoked, suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered yes to the having a permit denied, revoked or suspended, supply details on an additional sheet of paper.

Name of business where experience gained:		
Address:		
City:	State:	Zip:
Phone #:		
Permit denied, revoked, suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered yes to the having a permit denied, revoked or suspended, supply details on an additional sheet of paper.

## The following items must be submitted with this application.

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1. Proof of financial responsibility

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2. Service standards to be provided to the City of Gardena, including the estimate of response time between placement of a telephone order and the arrival of the dispatched taxicab as well as the method the applicant proposes to record and evaluate actual performance under the service standards.

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3. Applicant's operating procedures (including record keeping, safety standards, maintenance schedules, dispatching procedures, complaint process and disciplinary rules).

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4. A list of all taxicabs permitted to operate in the City of Gardena (including Number, Year, Make, Model, Mileage).

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5. A list of drivers authorized to operate the taxicabs.

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6. Special programs (including but not limited to driver training and community services) applicant will implement in the City of Gardena.

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## Owner or Principal Officer Filing as Primary Applicant

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	
Home Phone #: ( )	Date of Birth:	I am at least 18 years:	
Soc. Sec. #:	Ca. Drivers Lic. #:	Exp:	
Sex:	Male	Female	Place of Birth-City, State, Country
Height:	Weight:	Eye Color:	Hair Color:

Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been required to register as a sex offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b><i>If you answered <u>yes</u> to any of these questions you must provide additional details below.</i></b>		

List all felony and/or misdemeanor convictions. Provide details of any requirements to register as a sex offender. **Failure to list all information may be deemed sufficient cause for denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheets if needed.

## **Additional Applicant #1 ~ Partner or Principal Officer**

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	
Home Phone #: ( )	Date of Birth:	I am at least 18 years:	
Soc. Sec. #:	Ca. Drivers Lic. #:	Exp:	
Sex:	Male	Female	Place of Birth-City, State, Country
Height:	Weight:	Eye Color:	Hair Color:

Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been required to register as a sex offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b><i>If you answered <u>yes</u> to any of these questions you must provide additional details below.</i></b>		

List all felony and/or misdemeanor convictions. Provide details of any requirements to register as a sex offender. **Failure to list all information may be deemed sufficient cause for denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheets if needed.





## **Additional Applicant #3 ~ Partner or Principal Officer**

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	
Home Phone #: ( )	Date of Birth:	I am at least 18 years:	
Soc. Sec. #:	Ca. Drivers Lic. #:	Exp:	
Sex:	Male	Female	Place of Birth-City, State, Country
Height:	Weight:	Eye Color:	Hair Color:

Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been required to register as a sex offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b><i>If you answered <u>yes</u> to any of these questions you must provide additional details below.</i></b>		

List all felony and/or misdemeanor convictions. Provide details of any requirements to register as a sex offender. **Failure to list all information may be deemed sufficient cause for denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheets if needed.

**Declaration**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, attest that I have read the foregoing Taxi Operator Permit Questionnaire and know the content thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of my permit.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ City, \_\_\_\_\_ State

\_\_\_\_\_  
Signature of Applicant

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