

OCTAP

Taxicab Business Permit Application/Renewal Package



How to:

- Apply for a First-Time Business Permit
- Renew a Business Permit

OCTAP Address:

11903 Woodbury Rd., Garden Grove, CA 92843-4020

Permitting Hours:

Driver Permits:

Monday through Thursday 9:00am – 2:00pm (Walk-In)

Business Permits:

Monday through Thursday by appointment only

Vehicle Inspections:

Monday through Thursday 9:00am – 2:00pm by appointment only

Phone: (949) 654-8294

Fax: (714) 265-4374

Introduction

California Government Code Section 53075.5 requires local jurisdictions to regulate taxicabs. The cities of Orange County have delegated this regulatory function to the Orange County Taxi Administration Program (OCTAP).

Before operating a taxicab service in any OCTAP jurisdiction within Orange County, a taxicab company must apply for and obtain an OCTAP Taxicab Business Permit.

Basic Eligibility Requirements

To be eligible for an OCTAP Taxicab Business Permit, a sole proprietor, partner, or corporate officer must:

1. Be at least 18 years of age.
2. Not be a registered sex offender pursuant to California Penal Code Section 290.
3. Not be on formal probation/parole or have received any conviction (or plea of guilty or nolo contendere) in any state for any of the following: murder; robbery; pandering; pimping; crimes related to the sale or transportation of controlled substances; crimes involving the use of a weapon; or any other offense involving moral turpitude or any crime that is substantially related to the qualifications, functions or responsibilities of a taxi owner.
4. Not have been convicted (or plea of guilty or nolo contendere) in any state for a felony within eight (8) years of application.
5. Not have been convicted within five (5) years of application (or plea of guilty or nolo contendere) in any state or any final administrative determination of a violation of any statute, ordinance, or regulation reasonably and rationally pertaining to the same or similar business operation which would have resulted in suspension or revocation of the Taxicab Business Permit under OCTAP regulations.
6. Not have falsified material information on any application for a Taxicab Business Permit within the past one (1) year.

This information serves as a guide. For further information refer to the OCTAP Regulations, or contact OCTAP.

Summary of Fees

Application Fee - Renew	\$1317.00	Paid to OCTAP for administrative costs.
Application Fee - New	\$3948.00	Paid to OCTAP for administrative costs.

The following approximate costs are associated with obtaining an OCTAP Taxicab Business Permit.

Fingerprinting Fee	\$11.00-\$20.00	Each applicant (one time fee).
Background Fee	\$32.00	Each applicant (one time fee).

Steps to Obtaining an OCTAP Taxicab Business Permit

Step #1 ~ Complete an OCTAP Taxicab Business Permit Application Package.

OCTAP will provide a Taxicab Business Permit Application Package. This package consists of an application form and a list of additional required documents.

Important Note:

Companies with more than three partners or corporate officers should list only the top three officers on their application. The remaining partners/officers should be listed as an attachment. Only the top three principal partners or officers are required to submit to fingerprinting.

Step #2 ~ Obtain Money Orders/Cashier's Checks

All fees must be payable to OCTAP by money order or cashier's check:

\$3948.00 payable to "OCTAP" for first time Business Permit applicants, or
\$1317.00 payable to "OCTAP" for Business Permit renewal.

Step #3 ~ Fingerprinting

First time applicants (owners, top three partners, or corporate officers) must submit "Live Scan" fingerprint receipts. Be sure to use the OCTAP Live Scan forms, available from the OCTAP office. See Live Scan attachment for locations.

Step #4 ~ Submit Taxicab Business Permit Application Package to the OCTAP Office

See location and office hours attachment.

Important: Taxicab Business Permit Applications are only accepted by appointment. All applicants are required to be present and produce either a valid driver's license or state issued photo identification.

Applicants are required to bring the following to their application appointment:

- Completed OCTAP Taxicab Business Permit Application with required attachments.
- Money order/cashier's check for \$1317.00 (renew), or \$3948.00 (new). Payable to "OCTAP."
- Live Scan Fingerprint receipt. (New Applicants Only)
- California Driver License or California ID Card.

Important Note: OCTAP will not accept incomplete applications.

Before Operating a Taxicab Business

After receiving an OCTAP Taxicab Business Permit, the company must complete the following before operating:

1. Obtain Vehicle Permits.
2. Ensure drivers have valid OCTAP Driver Permits.
3. Obtain city authorization where applicable.

Vehicle Inspections and Vehicle Permits

After obtaining an OCTAP Taxicab Business Permit, a company's taxicab fleet is eligible for inspection and permitting. OCTAP will provide a copy of the Regulations to assist companies in preparing their fleet for inspection. The vehicle inspection and permit fee is \$371.00 per vehicle. Companies must renew Vehicle Permits on or before expiration. There is no grace period.

Taxicab Driver Permits

Before operating any taxicab, each driver must obtain and have in their immediate possession, a valid OCTAP Taxicab Driver Permit.

Note: Utilization of non-OCTAP permitted drivers within OCTAP regulated jurisdictions may result in fines and/or the suspension or revocation of the OCTAP Taxicab Business Permit.

Obtain Authorization to Operate within OCTAP Regulated Jurisdictions

The taxicab company is responsible for complying with any additional requirements imposed by those jurisdictions in which the company seeks to operate.

BUSINESS PERMIT APPLICATION

Additional Documents Checklist

Copies of all Documents Must be Submitted Annually
With Each Renewal Package

- Copy of DMV Pull Notice Contract.**
- Copy of company anti-drug policy.**
- Current Fictitious Business Name Statement.**
- Copies of City Business Permits.**
- Cashier's check or money order for initial or renewal Business Permit application fee.**

If a partnership:

- Copy of partnership agreement.**
- List of additional partners not listed on application.**

If a corporation:

- Copy of the minutes from the most recent Board of Directors meeting.**
- Copy of the Articles of Incorporation.** First time applicants only.
- Copy of stock register showing distribution of corporate stock.** First time applicants only.
- List of additional corporate officers not listed on application.**

OCTAP Garden Grove Office Location and Hours

11903 Woodbury Rd, Garden Grove, CA 92843-4020

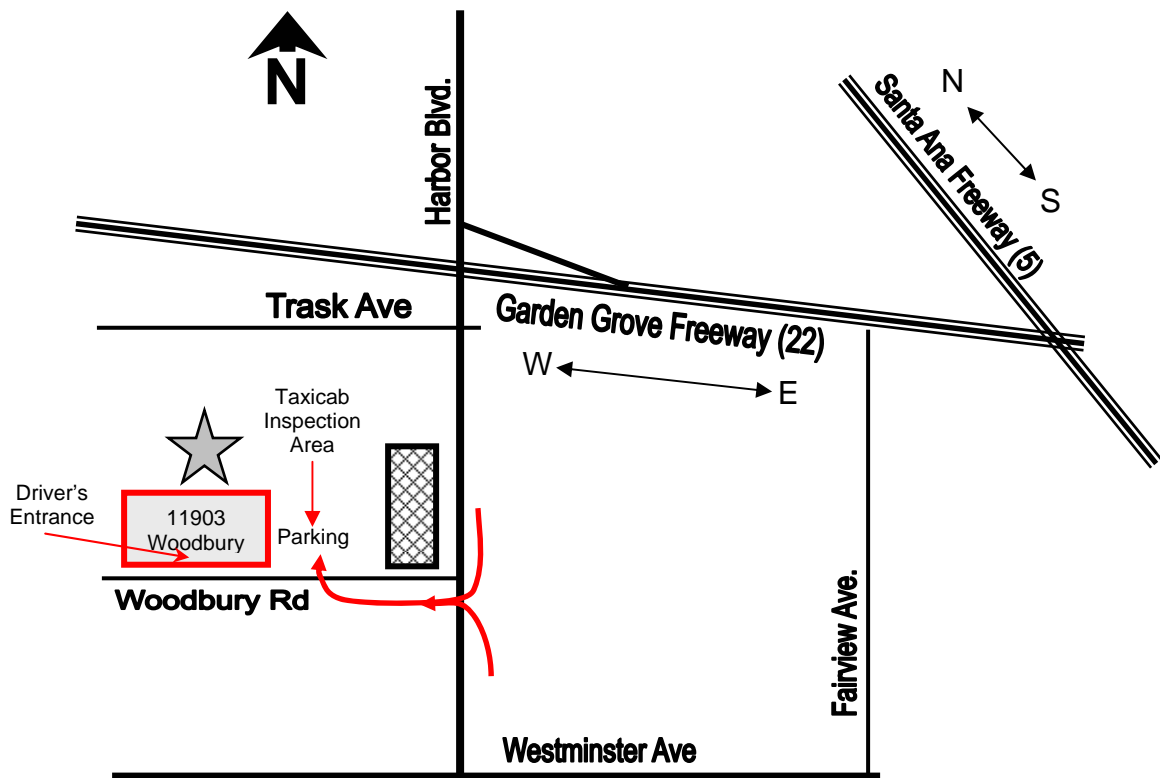
Walk-in Hours to Submit Driver Permit Applications:

9:00 am to 2:00 pm on Monday through Thursday Only

Vehicle Inspections Monday – Thursday 9:00am to 2:00pm by Appointment Only

Business Permit Application – by Appointment Only

Phone: 949.654.8294 Fax: 714.265.4374



[Mapquest Version](#)

Please Print in Ink, or Type

OCTAP Taxicab Business Permit Application

Date: New Application Renewal Application

Taxicab Business Type: Sole Proprietorship Partnership Corporation Other-describe below

If other type of business, describe here:

Company Corporate Name:

Doing Business As (DBA) Name:

Business Mailing Address:

City: State: Zip:

Business Operation Address :

City: State: Zip:

Primary Phone #	Primary Fax #	Dispatch Phone #	Other Phone #
()	()	()	

Department of Motor Vehicles (DMV) Pull Notice Program Requester Code Number:

Describe the vehicle color scheme, lettering and logo design (or attach photo).

Radio Service Information

In-House. List Frequencies:

Outside Vendor. List Name, Address, Phone:

Use cell phone(s) only.

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:	<input type="checkbox"/> I am at least 18 years old	
Soc. Sec. # :	CA Driver Lic. # :	Driver Lic. Expires:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth ~ City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:

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

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the 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.

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____ DATE: _____

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:	<input type="checkbox"/> I am at least 18 years old	
Soc. Sec. # :	CA Driver Lic. # :	Driver Lic. Expires:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth ~ City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:

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

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the 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.

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____

DATE: _____

Additional Applicant #2 ~ 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:	<input type="checkbox"/> I am at least 18 years old	
Soc. Sec. # :	CA Driver Lic. # :	Driver Lic. Expires:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth ~ City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:

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

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the 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.

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____ DATE: _____

Primary Applicant Declaration

I, the undersigned, hereby declare under penalty of perjury that all answers to the questions posed herein and the documents provided as additional attachments, are true and correct to the best of my knowledge. I understand that any fraudulent statements or misrepresentation may be cause for denial or revocation of any permit granted to me.

Primary Applicant Signature:

Date:

**OCTAP Business Permit
Company Management List
for:**

Full Name (Print)	Signature	Position/Title	Telephone Number	Can Sign Driver Permit Applications
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

**OCTAP Business Permit
Tow Service Contract
Stranded Passenger Policy
Information**

Option A

A jack, tire changing tool, and an inflated spare tire will be kept in each vehicle.

Option B (both items required)

1. In place of the above tools and equipment, the company maintains a contract/arrangement for towing with:

Name of Tow Company: _____

Address: _____ City: _____

Phone: _____

2. The company has a policy in place to send another taxicab for any stranded passengers.

Taxicab Company Name

Primary Applicant Signature

Date

OCTAP Taxicab Company Drug and Alcohol Program Information Form

Important: All taxicab companies are responsible for the pre-employment drug testing of their drivers and shall designate OCTAP as an agency *authorized and required* to receive from drug screening labs the results of driver drug tests. Notification from the lab of drivers' drug test results shall be directed to the OCTAP Administrator via facsimile, *as soon as* test results become available. Results shall be faxed to OCTAP at ~~(714) 857-7204~~. If the pre-employment drug test is administered more than 30 days prior to the driver applying for an OCTAP Driver's Permit, the driver must be re-tested.

1) Name of Taxicab Company:

2) Attach to this sheet a copy of your company's policy on the prohibition of drug and alcohol use by employee and non-employee (contracted) taxicab drivers.

3) If your company contracts with a consortia, program or lab for drug testing of drivers, fill out the information below (use the back of this sheet to fill in the same information if more than one lab or program is used):

(Name of Organization)

(Street Address)

(City)

(State)

(Zip Code)

(Area Code/Telephone Number)

(Name of Contact or Account Representative)

By signing below, the taxicab company named above hereby designates as an agency authorized and required to receive from drug screening labs the results of driver drug tests. OCTAP is also authorized to contact the person(s) and/or organization(s) listed on this sheet and obtain information necessary to maintain OCTAP records on taxicab companies and drivers in relation to required drug testing. The undersigned confirms that the taxicab company listed above is currently and will continue to remain in compliance with all federal, California and OCTAP regulations regarding drug testing of taxicab drivers. The undersigned also agrees to notify the OCTAP Administrator *immediately in writing* of any changes to the above information and the attached policy.

(Signature of Taxicab Company Owner, Partner or Corporate Officer)

(Date)

OCTAP Insurance Regulation Requirements:

OCTAP Regulation 5.2.3

Submission of evidence of insurance, in full force and effect, in such form as required by OCTAP, issued by a solvent and responsible company licensed to do business in the State of California, insuring the applicant against loss by reason of injury or damage that may result to persons, including taxicab passengers, or property, from the negligent operation or maintenance of such Taxicab. Applicant shall provide a Certificate of Insurance and Insurance Policy Binder showing that the applicant is insured for a minimum combined single limit of one million dollars (\$1,000,000) for the injury or death of one or more persons in the same accident, and one hundred thousand dollars (\$100,000) for injury or destruction of property. In addition, the applicant shall direct the insurance company to provide to OCTAP certified copies of Endorsements to the insurance policy 1) naming the Agencies participating in the Orange County Taxi Administration Program and the Orange County Transportation Authority, their Officers, Directors, Employees and Agents as additional insureds; and 2) indicating that coverage shall not be reduced, terminated or cancelled without thirty (30) days' prior written notice to OCTAP. Certified copies of the insurance policies shall be provided to OCTAP within ninety (90) days of the policy issuance. At least ten (10) business days prior to the expiration of the current policies, a Permittee shall submit insurance binders evidencing insurance coverage for the policy period subsequent to the expiration of the current policies. No self-insured retention shall be allowed. Deductibles shall not exceed \$10,000 per occurrence.

**OCTAP Business Permit
Insurance Document Requirements**

OCTAP Regulation, Section 5.2.3, requires submission of evidence of insurance, in full force and effect, in such form as required by OCTAP, issued by a solvent and responsible company licensed to do business in the State of California, insuring the applicant against loss by reason of injury or damage that may result to persons, including taxicab passengers, or property, from the negligent operation or maintenance of such taxicab.

ALL DOCUMENTS MUST BE WET SIGNED ORIGINALS AND MAILED, OR HAND DELIVERED DIRECTLY TO OCTAP FROM THE INSURANCE REPRESENTATIVE.

OCTAP requires the following documents:

Certificate of Insurance AND Insurance Policy Binder:

- Certificate and Binder must show the applicant is insured for a minimum combined single limit of one million dollars (\$1,000,000) for the injury or death of one or more persons in the same accident, and one hundred thousand dollars (\$100,000) for injury or destruction of property.

Endorsements to the insurance policy:

- Endorsements must be certified by the authorizing authority.
- Endorsements must name each city participating in the Orange County Taxi Administration Program as additional insured.
- Endorsements must name the Orange County Transportation Authority, its Officers, Directors, Employees and Agents as additional insured.
- Endorsements must indicate the coverage shall not be reduced, terminated, or canceled without thirty days' prior written notice to OCTAP.

Schedule of Insured Vehicles:

- The schedule header must indicate the name of the insurance company, the policy number(s), and the effective date.
- The vehicle listing must show the taxicab fleet ID number and at least the last six digits of the vehicle identification number (VIN).
- FOR VEHICLE ADDITIONS -- A revised schedule (listing all the insured vehicles) is required for fleet additions. Amendments listing only added vehicles will not be accepted.
- FOR DELETIONS -- The taxicab company shall immediately notify OCTAP of any taxicab removed from the schedule of insured vehicles.

A certified copy of the complete insurance policy shall be provided to OCTAP within ninety days of the policy issuance.

Additional Requirements:

- At least ten business days prior to the expiration of the current policies, a Permittee shall submit insurance binders evidencing insurance coverage for the policy period subsequent to the expiration of the current policies.
- No self-insured retention shall be allowed.
- Deductibles shall not exceed \$10,000 per occurrence.

Common Insurance Terms

Additional Insured:

An individual or entity that is not included as an insured under the insurance policy of another, but may be added to provide a certain degree of insurance protection.

Agent:

An insurance company representative licensed by the state who solicits, markets, negotiates, binds, and administers contracts of insurance while providing a valuable service to a policyholder for the insurer.

Amendment:

A formal document revising the provisions of an insurance policy. Usually, signed jointly by an insurance company officer and the policy owner or his authorized representative.

Automobile Liability Insurance:

Protection for an insured against financial loss because of legal liability act that has car related injuries to others or damage to their property.

Broker:

A marketing specialist who represents insurance organizations and who deals with either agents or companies in arranging for the coverage required by the customer.

Broker of Record:

Also known as Agent of Record, this is a broker who is designated to handle certain insurance contracts for the named insured.

Certified Copy:**Certificate of Insurance:**

A document issued to a member of a group insurance plan, outlining the insurance benefits and principal provisions of the policy.

Effective Date:

The date on which the insurance under a policy will begin.

Endorsements:

An additional piece of paper, not a part of the original insurance policy, in which certain terms and conditions, when attached to the original insurance policy, becomes a legal part of that contract.

Endorsement:

An amendment of an insurance policy that alters the provisions of the contract.

Excess Insurance:

Insurance to cover losses above a certain amount, with losses below that amount usually covered by a regular policy.

Exclusive Agent:

An agent who is employed by one and only one insurance company and who solicits business exclusively for that company.

Independent Agent:

An independent business person who usually represents two or more insurance companies in a sales and service capacity and who is paid on a commission basis.

Insurance:

A system under which individuals, businesses, and other organizations or entities, in exchange for payment of a sum of money (called a premium), are guaranteed compensation for losses resulting from certain perils under specified conditions in a contract.

Insurance Company:

An organization chartered to operate as an insurer.

Insured:

A person or organization, covered by an insurance policy, including the "named insured" and any other parties for whom protection is provided under the policy.

Insurer:

The party to the insurance contract who promises to pay losses or benefits, or any corporation engaged primarily in the business of furnishing insurance to the public.

Liability Insurance:

Insurance covering the legal liability of the insured resulting from injuries to a third party to their body or damage to their property.

Liability Limits:

The maximum sums listed on a liability policy which an insurance company provides protection.

Notice of Cancellation:

Written notice by an insurance company of their intent to cancel the policy.

Policy:

The legal document issued by the company to the policyholder, which outlines the conditions and terms of the insurance; also called the policy contract or the contract.

Primary Insurance:

Insurance that pays compensation for a loss ahead (first) of any other insurance coverage's the policyholder may have.

Schedule:

A list of individual items covered by an insurance policy with their descriptions and values.

Wet Signature:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

-SAMPLE ONLY-

POLICY CHANGES

POLICY NUMBER CA#####	POLICY CHANGES EFFECTIVE January 1, 2005	COMPANY Taxicab Insurance Brokers
NAMED INSURED Name of Taxicab Company	AUTHORIZED REPRESENTATIVE	
COVERAGE PARTS AFFECTED Business Auto		
CHANGES		

Sample Insurance Endorsement Language

Additional Insured:

THE ORANGE COUNTY TAXI ADMINISTRATION PROGRAM AND ITS MEMBER AGENCIES, THE ORANGE COUNTY TRANSPORTATION AUTHORITY, THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS.

List Member Agencies:

1. Aliso Viejo
2. Anaheim
3. Brea
4. Buena Park
5. Costa Mesa
6. Cypress
7. Dana Point
8. Fountain Valley
9. Fullerton
10. Garden Grove
11. Huntington Beach
12. Irvine
13. Laguna Beach
14. Laguna Hills
15. Laguna Niguel
16. Laguna Woods
17. La Habra
18. Lake Forest
19. La Palma
20. Los Alamitos
21. Mission Viejo
22. Newport Beach
23. Orange
24. Placentia
25. Rancho Santa Margarita
26. San Clemente
27. San Juan Capistrano
28. Santa Ana
29. Seal Beach
30. Stanton
31. Tustin
32. Villa Park
33. Westminster
34. Yorba Linda
35. County of Orange

Coverage:

COVERAGE SHALL NOT BE REDUCED, TERMINATED, OR CANCELLED WITHOUT THIRTY DAYS' PRIOR WRITTEN NOTICE TO OCTAP