

VEHICLE PERMIT APPLICATION

Section One: Type of Permit				
☐ FOOD VENDING VEHICLE		☐ TAXI		
□ PEDICAB		☐ TOW		
□ OTHER				
Section Two: Business Information				
COMPANY/FLEET NAME:				
PHONE:		EMAIL:		
BUSINESS ADDRESS:				
Section Two(A): Taxicab Vehicle Fleet Association				
I,, hereby certify the applicant will be operating a taxi as a member of the above company.				
Fleet Manager Signature:		Date:		
Section Three: Vehicle Owner Information				
OWNER NAME:		BUSINESS OPERATIONS TAX #:		
☐ CONTACT INFORMATION IS SAME AS ABOVE (OR ENTER INFO BELOW)				
PHONE:		EMAIL:		
ADDRESS:				
Section Four: Vehicle Information *attach ADDITIONAL VEHICLE form (VEH1.A), if needed				
	HICLE YEAR			
VIN/SERIAL NUMBER#		SEATING CAPACITY (PEDICAB)		
Section Five: Rules and Regulations (initial)				
I am familiar with Sacramento City Code Chapter 5.				
This vehicle is insured in accordance with SCC Chapter 5				



Section Six: Information Provided (initial)				
Staff Initial	Item Required	Required For		
	PROOF OF INSURANCE	FOOD VENDING VEHICLE, PEDICAB, TOW TRUCK		
	DMV REGISTRATION	FOOD VENDING VEHICLE, TAXICAB, TOW TRUCK		
	PARATRANSIT REPORT	TAXICAB		
	SAC. COUNTY METER CERT	TAXICAB		
	BRAKE & LAMP CERT OR CHP	TOW TRUCK		
	TOW RATE SHEET	TOW TRUCK		
	Section Seven: Agree	ement and Signature		
and belief, permit. Fur verification	and I understand and agree that any false or misle ther, the City is hereby authorized to seek and ver of the accuracy of the application information is a	ve given are true and correct to the best of my knowledge eading answer will result in denial or revocation of any ify information contained in this application. I understand matter of public record and may be made available to		
interested p	parties upon request.			
Vehicle (Owner Signature:	Date:		

Section Eight: City Staff Only			
Received by:	Date:		
Permit Number:	BOT Number:		