



CITY OF SACRAMENTO
 BUSINESS PERMITS, CITY HALL
 915 I Street, Room 1201
 Sacramento, CA 95814
 (916) 808-5852

PEDICAB OWNER PERMIT APPLICATION (PC-1)

(PRINT CLEARLY)

FEES: NEW PERMIT: \$246 RENEWAL PERMIT: \$56

- PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION**
- 1) Copies of the required certificates of insurance (Commercial General Liability) faxed to (916) 808-5160
 - 2) Attach a copy of your City Business Operation Tax Certificate
 - 3) Attach completed Sacramento Police Department permit forms (SPD 384 & 950)
 - 4) Attach Pedicab Form (PC-2)
 - 5) Attach Pedicab Driver Verification Form (PC-3)

Owner/Applicant Name: _____ Home phone : _____

Home Address: _____

Company Name: _____

Company Address: _____

Company Telephone Number: _____ Fax Number: _____

Manager Name: _____ Emergency Number: _____
 (If different form owner)

FORM OF BUSINESS ENTITY: CORPORATION COMPANY PARTNERSHIP SOLE PROPRIETORSHIP ASSOCIATION

Pedicab Color Scheme:
 Body: _____ Lettering: _____

Day of Operation Days (circle days open)
 Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours (fill in hours of operation) From: _____ To: _____ Rates: _____

TO BE SIGNED BY ALL PEDICAB OWNERS

I have read and understand these City Manager's Pedicab Rules and Chapter 5.94 of the Sacramento City Code regarding the regulation of pedicabs. I understand that these Rules will be periodically updated and that failure to comply with them or the Sacramento City Code may result in suspension, modification or revocation of my pedicab owner permit and/or driver permit, as well as other enforcement as set forth in Sacramento City Code Section 5.94.350. I understand that the application may be denied or the permit suspended, modified or revoked if I misrepresent facts relevant to the fitness of myself as an applicant, to be granted a pedicab owner permit. I authorize the city to conduct a comprehensive background check as part of this application process.

Owner Signature _____

Date _____