

CITY OF SACRAMENTO

BUSINESS PERMITS 915 I STREET, ROOM 1201 SACRAMENTO, CA 95814 (916)808-5852

PEDICAB DRIVER PERMIT APPLICATION (PD-1)

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OWNER □	DRIVER \square	TEMPORARY \square	TEMPORARY PERMIT	EXPIRATION DATE	(14 DAYS)
TWO YEAR A	PPLICATION FE	ES ARE NON-REFUND	OABLE: □ NEW - \$	193 □ RENEWAL - \$193	
FINGERPRIN	TING FEES ARE	NON-REFUNDABLE:	\$88		
 DMV All ap Attac Submodum Copic 	7 H-6 printout date opplicants must be h completed Sacra nit four (4) current ers must also sub	amento Police Departm passport photos for ne- mit: Certificates of Insuranc	ent permit forms (SPD 384 w w permit, two (2) if renewal		
OWNER/AI	PPLICANT NAM	IE:		HOME PHONE:	
DATE OF B	BIRTH;		DRIVER'S LICEN	NSE NUMBER:	
HOME ADI	DRESS:				
COMPANY	NAME:				
COMPANY	ADDRESS:				
COMPANY	TELEPHONE N	NUMBER:			
MANAGER (If different from			EMERG	SENCY NUMBER:	
HAVE YOU	APPLIED FOR	A BUSINESS OPER	ATION TAX ACCOUNT:	□ YES □ NO	
			DISABILITY OR INCAP NTROL OF A PEDICAB?	ACITY WHICH COULD INT ? □ YES □ NO	TERFERE
			OF PAPER TO FULLY AN		
				O TO THE USE OF ALCOHO SAFETY CODE? YES	OL OR ANY □ NO
			OF PAPER TO FULLY AN U TAKE ON A REGULAR	SWER. R OR OCCASIONAL BASIS:	
that the appli	ication may be d	enied or the permit si	uspended, modified or rev	arding the regulation of pedic voked if I misrepresent facts to of this application process.	
I,			hereby certify under	penalty of perjury that the in	iformation is correct.
APPLICAN	T SIGNATURE:		TITLE:	DA	TE: