

PEDICAB DRIVER PERMIT

APPLICATION FEES ARE NON-REFUNDABLE: New - \$193.00 Renewal - \$193.00
FINGERPRINTING FEES ARE NON-REFUNDABLE: \$88.00

NEW PERMIT: <input type="checkbox"/>				RENEWAL PERMIT: <input type="checkbox"/>		TEMPORARY (14 DAYS ONLY): <input type="checkbox"/>	
PRINT FULL NAME:							
BUSINESS NAME:							
BUSINESS ADDRESS:							
PHONE:		CELL PHONE:			EMAIL ADDRESS:		
CURRENT RESIDENT ADDRESS:							
HOW MANY YEARS HAVE YOU LIVED IN CA:				DATE OF BIRTH:		DRIVER LICENSE:	
HEIGHT:		WEIGHT:		EYE COLOR:		HAIR COLOR:	
Have you ever had a permit or license (including driver's license) revoked or denied? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please explain:							
HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST). <input type="checkbox"/> NO <input type="checkbox"/> YES (give the date of the arrest, offense, and the CITY)							
Do you have any physical or mental conditions that would interfere with the proper management of a pedicab? <input type="checkbox"/> NO <input type="checkbox"/> YES							
Are you taking any medications that would interfere with the proper management of a pedicab? <input type="checkbox"/> NO <input type="checkbox"/> YES							
Are you familiar with the ordinances of the City of Sacramento and the laws of the State of California pertaining to the application? <input type="checkbox"/> YES I AM <input type="checkbox"/> NO I AM NOT							

PERMIT NUMBER: _____

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.

Signature of Applicant: _____ **DATE:** _____

PEDICAB OWNER CERTIFICATION

BUSINESS NAME: _____ **OWNER NAME:** _____ **PHONE #:** _____

DRIVER IS AN: **EMPLOYEE** **INDEPENDENT CONTRACTOR**

I, _____, hereby certify the above applicant will be operating a pedicab for my company. I understand that if a temporary pedicab driver permit is obtained, it is valid for 14 days only and, unless the driver secures a driver permit, they will no longer operate a pedicab for my company

Pedicab Owner Signature

Date