

PEDICAB VEHICLE APPLICATION
OWNER INFORMATION SHEET

Business Information

BUSINESS NAME:	STARTING DATE:
EMAIL:	PHONE:
BUSINESS ADDRESS:	
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	

Owner Information – Name and address of all legal and registered owners of the pedicab

all owners must complete a personal disclosure form

NAME	PHONE	RESIDENT ADDRESS
NAME	PHONE	RESIDENT ADDRESS
NAME	PHONE	RESIDENT ADDRESS

PEDICAB #	PEDICAB MAKE	SEATING CAPACITY	SERIAL NUMBER	PERMIT #*

***TO BE COMPLETED BY CITY OF SACRAMENTO STAFF ONLY**

I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct, and that if any of the above information should change I will contact the City of Sacramento.

 SIGNATURE

 DATE