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**FINANCE DEPARTMENT  
BUSINESS PERMITS**

**CITY OF SACRAMENTO  
CALIFORNIA**

NEW CITY HALL  
915 I STREET, ROOM 1201  
SACRAMENTO, CA 95814-2696

**BUSINESS PERMITS**  
(916) 808-5852

**ACKNOWLEDGMENT OF RECEIPT OF  
SACRAMENTO CITY CODE CHAPTER 5.136**

I, \_\_\_\_\_, hereby acknowledge receipt of a copy of Sacramento City Ordinance No. 96-035 which contain Sacramento City Code Chapter 5.136 in its entirety and set forth all provisions relating to Taxicab Driver Permits and Taxicab Vehicular Permits and Taxicab Fleet Association Permits. I further acknowledge it is my responsibility to read and understand all requirements and provisions of Sacramento City Code Chapter 5.136 and the Rules and Regulations which coincide with the ordinance, and I will abide by all rules stated in the ordinance and Rules and Regulations.

Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_