



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

TAXICAB FLEET COMPANY/VEHICLE FORM (TF-3)

(To be completed by each company in the Taxicab Fleet Association)

NON-REFUNDABLE FEES:

Vehicle Permit: \$90/New \$115/Renewal Change of Assoc. Fee: \$100.00/Per Veh. Late Fee: \$100.00

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

- 1) Copies of the required certificates of insurance (automobile insurance and liability insurance)
- 2) Copy of Insurance Certification faxed to Risk Management at (916) 808-5160.
- 3) Attach a copy of your City Business Operations Tax certificate
- 4) A valid Taximeter Certification for each vehicle.
- 5) Current Brake and Lamp Certificates for each vehicle.
- 6) Copy of current DMV Registration for each vehicle.
- 7) Copy of Paratransit Inspection Report

Name of Fleet Association: _____ Company Name: _____

Company Address: _____

Company Phone: () _____ Emergency Phone: () _____ Fax: () _____

I HAVE VERIFIED THAT THESE VEHICLE(S) ARE INSURED IN COMPLIANCE WITH CITY OF SACRAMENTO ORDINANCE 5.136

Form of business entity: Corporation Company Partnership Sole Proprietorship Association

Rate Statement: Flag Drop: \$ _____ Each Additional Mile: \$ _____ Hourly Waiting Time: \$ _____ Per 1/5 Mile: \$ _____

Cab #	Vehicle Year	Vehicle Make	Vehicle Model	Vehicle License Number	VIN Number	Vehicle Permit Number

 PRINT FLEET MANAGER NAME

 DATE

 FLEET MANAGER SIGNATURE