



CITY OF SACRAMENTO
Business Permits, City Hall
915 I Street, Room 1201
Sacramento, CA 95814
(916) 808-5852

TAXICAB OWNERSHIP INFORMATION SHEET (TF-5)

Name of Fleet Association: _____ Company Name: _____

Company Address: _____

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

Business Office Open:

Days (circle days open)

Mon. Tues. Wed. Thurs. Fri. Sat. Sun

Hours(fill in hours of operation) From: _____ To: _____ 24/7 _____

Partner List: Attention: If necessary, use a separate sheet of paper to fully answer the following questions.

a) All partners and corporate shareholders having a 10% or greater financial interest in the business, AND

b) All corporate officers

1) Name: _____ Percentage Interest _____

Address: _____ Position _____

2) Name: _____ Percentage Interest _____

Address: _____ Position _____

3) Name: _____ Percentage Interest _____

Address: _____ Position _____

4) Name: _____ Percentage Interest _____

Address: _____ Position _____

Signature _____

Title _____

Date _____