

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

TAXICAB MASTER FLEET VEHICLE FORM (TF-2)

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

- 1) Copies of the required certificates of insurance (automobile insurance and liability insurance)
- 2) Attach a copy of your City Business Operations Tax certificate
- 3) Complete Taxicab Company Identification Form (TF-3)

Name of Fleet Association: _____

Fleet Manager: _____

Applicant Name: _____

Company Phone #: _____
(Include Area Code)

Company Address: _____

	NUMERIC ORDER CAB#	BOT#	VEHICLE YEAR	VEHICLE MAKE	MODEL	VIN#	VEHICLE LICENSE #
1							
2							
3							
4							
5							
6							
7							
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21							
22							
23							
24							
25							

 PRINT FLEET MANAGER NAME

 FLEET MANAGER SIGNATURE

 DATE

 PRINT ASSISTANT FLEET MANAGER NAME

 ASSISTANT FLEET MANAGER SIGNATURE

 DATE