



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

CALL  
我們講中文  
Hablamos español  
Мы говорим по-русски  
ພວກເຮົາເວົ້າພາສາລາວ  
Peb hais lus Hmoob  
Chúng tôi nói tiếng Việt  
(916) 808-5852

PEDICAB OWNER PERMIT APPLICATION (PC-1)

(PRINT CLEARLY)

FEES: NEW PERMIT: \$230 RENEWAL PERMIT: \$52

**PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION**

- 1) Copies of the required certificates of insurance (Commercial General Liability) faxed to (916) 808-5160
- 2) Attach a copy of your City Business Operation Tax Certificate
- 3) Attach completed Sacramento Police Department permit forms (SPD 384 & 950)
- 4) Attach Pedicab Form (PC-2)
- 5) Attach Pedicab Driver Verification Form (PC-3)

Owner/Applicant Name: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Emergency Number: \_\_\_\_\_  
(If different from owner)

FORM OF BUSINESS ENTITY:  CORPORATION  COMPANY  PARTNERSHIP  SOLE PROPRIETORSHIP  ASSOCIATION

Pedicab Color Scheme:  
Body: \_\_\_\_\_ Lettering: \_\_\_\_\_

Business Office Open: Days (circle days open)  
Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours (fill in hours of operation) From: \_\_\_\_\_ To: \_\_\_\_\_ Rates: \_\_\_\_\_

**TO BE SIGNED BY ALL PEDICAB OWNERS**

*I have read and understand these City Manager's Pedicab Rules and Chapter 5.94 of the Sacramento City Code regarding the regulation of pedicabs. I understand that these Rules will be periodically updated and that failure to comply with them or the Sacramento City Code may result in suspension, modification or revocation of my pedicab owner permit and/or driver permit, as well as other enforcement as set forth in Sacramento City Code Section 5.94.350. I understand that the application may be denied or the permit suspended, modified or revoked if I misrepresent facts relevant to the fitness of myself as an applicant, to be granted a pedicab owner permit. I authorize the city to conduct a comprehensive background check as part of this application process.*

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_