CITY OF SACRAMENTO
Department of Finance
Revenue Division, 915 'I' St., Room 1201
Sacramento, CA 95814
916-808-5852

CALL
我們講中文
Hablamos español
Мы говорим по-русски
พวกเรำเว้ำพาสาลาว
Peb hais lus Hmoob
Chúng tôi nói tiếng Việt
(916)808-8500

TAXICAB FLEET ASSOCIATION PERMIT APPLICATION (TF-1)

(PRINT CLEARLY)

FEES: New Permit: $4,731 Renewal Permit: $2,866

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

1) Copies of the required certificates of insurance (automobile and liability)
2) Attach a copy of your City Business Operation Tax Certificate
3) Attach Taxicab Fleet Company/Vehicle Form (TF-3)
4) Attach Taxicab Ownership Information Sheet for all owner with 10% or more interest in a company (TF-5)
5) Attach Taxicab Driver Verification Form (TF-6)

APPLICANT NAME:_____

FLEET NAME: _____

FLEET ADDRESS: _____

FLEET TELEPHONE NUMBER: _____ FLEET FAX NUMBER: _____

FLEET MANAGER NAME: _____ EMERGENCY #: ( ) _____

ALTERNATE FLEET MANAGER NAME: _____ EMERGENCY #: ( ) _____

FORM OF BUSINESS ENTITY: □ CORPORATION □ COMPANY □ PARTNERSHIP □ SOLE PROPRIETORSHIP □ ASSOCIATION

STATE OF INCORPORATION/REGISTRATION: _____

PLEASE PROVIDE A DESCRIPTION OF YOUR VEHICLE COLOR PLAN:

TOP:_____ LETTERS: _____

BODY: _____

FLEET LISTED IN YELLOW PAGES? □ YES □ NO WHITE PAGES: □ YES □ NO ACCESSIBLE: □ YES □ NO

I _____ certify that all business operations of _____
(Print Name of Applicant) (Print Name of Fleet)

meet all applicable state, federal, and local laws, including conformance with zoning laws. Fleet shall assume the defense of, and indemnify and hold harmless, the city, its officers, employees, and agents from and against all actions, claims, losses, damages, liability, costs, and expenses of every type and description arising from or caused in any way by it's operation. I certify under penalty of perjury that the information I have given is true and correct.

_____ _____
Signature of Applicant: Date: