



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

CALL
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 Hablamos español
 Мы говорим по-русски
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 Peb hais lus Hmoob
 Chúng tôi nói tiếng Việt
 (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