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

TAXICAB FLEET ASSOCIATION PERMIT APPLICATION (TF-1)
(PRINT CLEARLY)

FEES: New Permit: $4,873 Renewal Permit: $3,913

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: ____________________________

TF-1 (Rev. 10/06) LB