

**SPECIAL BUSINESS PERMIT APPLICATION**

<b>Section One: Type of Permit</b>		
<input type="checkbox"/> FOOD VENDING VEHICLE DRIVER	<input type="checkbox"/> SIDEWALK VENDOR	
<input type="checkbox"/> FUNERAL ESCORT	<input type="checkbox"/> SOMATIC PRACTITIONER	
<input type="checkbox"/> PEDICAB DRIVER	<input type="checkbox"/> TAXI DRIVER	
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> TOW DRIVER	
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TEMP (PEDICAB ONLY)		
<b>Section Two: Business Information</b>		
COMPANY/FLEET NAME:		
PHONE:	EMAIL:	
BUSINESS ADDRESS:		
<b>Section Two-A: Fleet Association</b> *must be completed for pedicab, taxi, and tow drivers		
<i>I, _____, hereby certify the applicant will be operating as a driver for the above company.</i>		
<b>Fleet Manager Signature:</b>	<b>Date:</b>	
<b>Section Three: Applicant Information</b>		
APPLICANT/OPERATOR FULL NAME:	BUSINESS OPERATIONS TAX #:	
PHONE:	EMAIL:	
MAILING ADDRESS:		
<b>Section Four: Individual Information</b>		
DATE OF BIRTH:	DRIVER'S LICENSE:	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> INDEP. CONTRACTOR
HAVE YOU EVER HAD A PERMIT OR LICENSE REVOKED OR DENIED? IF YES, EXPLAIN		
ANY PHYSICAL OR MENTAL CONDITIONS THAT WOULD INTERFERE WITH THE PERMITTED ACTIVITY? IF YES, EXPLAIN <i>(attach additional sheet, if needed)</i>		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, GIVE THE DATE AND LOCATION OF ARREST <i>(attach additional sheet, if needed)</i>		

<b>Section Five: Rules and Regulations (initial)</b>		
I am familiar with Sacramento City Code and the laws of the State of California pertaining to this application.		
<b>Section Six: Information Provided</b>		
Initial	Item Required	Required For
	DRIVER'S LICENSE (*NEW ONLY)	ALL
	TWO PASSPORT COLOR PHOTOS	ALL
	ASSOCIATION MEMBERSHIP	SOMATIC
	CONTROLLED SUBSTANCE TEST (30 DAYS)	TAXI
	DMV DRIVER'S RECORD (30 DAYS)	FOOD VENDOR, FUNERAL, PEDICAB, TAXI, TOW
	PROOF OF INSURANCE	FUNERAL ESCORT, SOMATIC
	PROOF OF SAFETY COURSE	FUNERAL ESCORT
	PROOF OF EDUCATION: *NEW: 250 HOURS *12 HOURS IN PAST YEAR	SOMATIC
	PROPERTY OWNER CONSENT *NEW LOCATION	SOMATIC
	SIDEWALK VENDOR INFO SHEET	SIDEWALK VENDOR
	PHOTO OF CART	SIDEWALK VENDOR
	PHOTO OF LOCATION	SIDEWALK VENDOR (STATIONARY)
	TAXI TEST SCHEDULED	TAXI
<b>Section Seven: Agreement and Signature</b>		
I hereby certify that the answers I have given are true and correct to the best of my knowledge and belief, and I understand and agree that any false or misleading answer will result in denial or revocation of any permit. Further, the City is hereby authorized to seek and verify information contained in this application. I understand verification of the accuracy of the application information is a matter of public record and may be made available to interested parties upon request.		
<b>Applicant Signature:</b>		<b>Date:</b>
<b>Section Eight: City Staff Only</b>		
<b>Received by:</b>	<b>Date:</b>	
<b>Permit Number:</b>	<b>BOT Number:</b>	