

**CITY OF ST. PETERSBURG, FLORIDA**  
**Public Vehicle Certificate Application**

Date of Process: \_\_\_\_\_

Period of Operation: \_\_\_\_\_

Public Vehicle Cert. No. \_\_\_\_\_

Business Tax No.: \_\_\_\_\_

*(For office use only)*

**I. APPLICANT INFORMATION**

A. Individual(s), partnership, or corporation applying for certificate:

Name of Corporation: _____	
Name of Business (D.B.A.): _____	
Business Address: _____	
Mailing Address: _____	
Business Phone: _____	Home/Cell Phone: _____
Email Address: _____	

B. If applicant is a corporation or partnership, complete the appropriate column below:

<p>If applicant is a <b>corporation</b>, list the officers:</p> <p>President: _____</p> <p>Vice President: _____</p> <p>Secretary: _____</p> <p>Treasurer: _____</p>	<p>If applicant is a <b>partnership</b>, list names and residence addresses of partners:</p> <p>Name: _____</p> <p>Resident Address: _____</p> <p>Name: _____</p> <p>Resident Address: _____</p>
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C. **For taxicabs only:** Please provide the name, address and phone number of parent company below, if different from above:

Taxi Company Name: _____	
Taxi Company Address: _____	Taxi Company Telephone: _____

**II. VEHICLE INFORMATION**

A. Please state the number of vehicles this application is representing: \_\_\_\_\_

B. Please select all of the vehicle types below that apply to your company:

- TAXICAB
- VAN
- LIMOUSINE/CAR SERVICE
- NON-PUBLIC SECTOR BUS
- NON-MOTORIZED VEHICLE
- LOW SPEED VEHICLE
- VESSEL

**CITY OF ST. PETERSBURG, FLORIDA  
Application for Public Vehicle Certificate  
Vehicle Information Form**

Please note: Companies that have their own vehicle list may submit their list as a vehicle information form, provided that all of the required information below is identified on the list.

<b>Company Vehicle No.</b>	<b>Vehicle Make</b>	<b>Vehicle Model</b>	<b>Vehicle Year</b>	<b>Auto Tag / State Registration No.</b>	<b>VIN / Serial No.</b>	<b>Seating Capacity</b>	<b>Registered Owner</b>

**III. APPLICANT CERTIFICATION**

I hereby certify and agree that I:

- A. Will maintain and keep in workable condition one (1) vehicle for each certificate.
- B. Will ensure that each vehicle is driven or operated by a person who has obtained a Public Vehicle Driver’s Permit from the St. Petersburg Police Department.
- C. Will if application is for a taxicab certificate, provide twenty-four hour radio dispatch service, and provide service to all areas of the City of St. Petersburg.
- D. Will comply with St. Petersburg City Code, Chapter 28. I understand that the penalty for a violation may include revocation of the Public Vehicle Certificate(s).
- E. Will maintain liability insurance as required by City Code and Florida Statutes, as amended.

**PLEASE CHECK ONE:**    *I am* \_\_\_\_\_                      *I am not* \_\_\_\_\_

*Required by Florida's Financial Responsibility Law to maintain liability insurance with coverage of **not less than \$125,000/\$250,000/\$50,000.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Title*

*STATE OF FLORIDA, COUNTY OF PINELLAS: The foregoing instrument was acknowledged before me this \_\_\_\_\_ (Date), by \_\_\_\_\_, who is personally know to me or who produced \_\_\_\_\_ as identification, and who did/did not take an oath, and who appeared before me at the time of notarization.*

\_\_\_\_\_  
*Notary Public*

**MECHANIC CERTIFICATION: (Not including low speed vehicles, which require state certification)**

*I am the applicant's mechanic or the representative of a licensed garage. I hereby certify that the vehicle(s) described on this application and on the multiple vehicle form, if applicable, met the minimum standards contained in Chapter 28, City Code of the City of St. Petersburg.*

\_\_\_\_\_  
*Signature of Mechanic*

*STATE OF FLORIDA, COUNTY OF PINELLAS: The foregoing instrument was acknowledged before me this \_\_\_\_\_ (Date), by \_\_\_\_\_, who is personally know to me or who produced \_\_\_\_\_ as identification, and who did/did not take an oath, and who appeared before me at the time of notarization.*

\_\_\_\_\_  
*Notary Public*