

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

DATE: _____

Business Tax No.: _____
(For office use only)

I. APPLICANT INFORMATION (Individual(s), partnership, or corporation applying for additional vehicles)

Name of Corporation: _____

Name of Business (D.B.A.): _____

II. VEHICLE INFORMATION (You may use a separate sheet of paper for this information, if needed)

Company Vehicle No.	Vehicle Make	Vehicle Model	Vehicle Year	Auto Tag / State Registration No.	VIN / Serial No.	Seating Capacity	PVC No. (Office Use)

A. Please state the **number of vehicles** that are being added: _____

B. Please check (**all that apply**) how your company will operate these vehicles:

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

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.

III. APPLICANT CLARIFICATION

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 undergone a local & national background check.
- C. Will if application is for a taxicab certificate, 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.***

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant

Title