

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 a corporation applying for certificate(s):

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:

If applicant is a corporation , list the officers: President: _____ Vice President: _____ Secretary: _____ Treasurer: _____	If applicant is a partnership , list names and residence addresses of partners: Name: _____ Resident Address: _____ Name: _____ Resident Address: _____
--	--

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

