## Public Vehicle Certificate Application

**ADDITIONAL**

City of St. Petersburg, Business Tax Division | Website: [http://www.stpete.org/billing_and_collections/public_vehicle_certificate.php](http://www.stpete.org/billing_and_collections/public_vehicle_certificate.php)

325 Central Avenue | PO Box 2842 | St. Petersburg, FL 33731

P: 727-893-7241 | F: 727-893-4121

### 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)

<table>
<thead>
<tr>
<th>Company Vehicle No.</th>
<th>Vehicle Make</th>
<th>Vehicle Model</th>
<th>Vehicle Year</th>
<th>Auto Tag / State Registration No.</th>
<th>VIN / Serial No.</th>
<th>Seating Capacity</th>
<th>PVC No. (Office Use)</th>
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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
- [ ] NO-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. Please include a copy of your Certificate of Insurance with this application.*

### 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 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.*

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)  (Date Signed)

_______________________________________________  (Title)

FOR OFFICE USE ONLY

DATE: __________________

CONTROL #: __________________