



Public Vehicle Certificate Application

MAIN

City of St. Petersburg, Business Tax Division | Website:
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

FOR OFFICE USE ONLY

Date of Process: _____
Date of Operation: _____
Control No.: _____

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 corporation, list the officers:</p> <p>President: _____</p> <p>Vice President: _____</p> <p>Secretary: _____</p> <p>Treasurer: _____</p>	<p>If applicant is a partnership, 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 vehicle types below that apply to your company:

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

