

2019-2020
CITY OF OAKLAND
FLEET MANAGEMENT PERMIT APPLICATION

Due by November 15, 2019

Appointment Only

Please submit completed application to Taxi Detail

1. FLEET MANAGEMENT APPLICATION TYPE INITIAL PERMIT ANNUAL RENEWAL CHANGE OF MANAGER

2. APPLICANT NAME _____

3. a Sole Proprietorship a Corporation a Partnership Other

I. INSURANCE INFORMATION

4. INSURANCE PROVIDER _____

5. BROKER NAME _____

6. BROKER PHONE NUMBER _____

Please submit a copy of your insurance certificate along with both driver and vehicle information. Per OMC 5.64.090 (c) The motor vehicle liability policy shall name and insure the registered vehicle owner, the fleet management permittee, any permitted taxi driver, and any other person using or responsible for the use of any such vehicle, with the consent, express or implied, of the owner or fleet management permittee, against loss from liability imposed upon such owner or fleet management permittee by law for injury to, or death of, any person, or damage to property growing out of the maintenance, operation, or ownership of any taxicab, to the amount of limit of \$1,000,000.00 combined single limit per accident for bodily injury, death, and property damage.

CAB COMPANY NAME _____

II. FLEET MANAGER

7. DESIGNATED FLEET MANAGER _____

(If fleet manager is different than vehicle permit holder(s), please attach notarized letter from Vehicle Permit Holder designating the Fleet Manager)

8. BUSINESS ADDRESS _____

9. CITY/ZIP _____

10. PHONE _____

11. RESIDENTIAL ADDRESS _____

12. CITY/ZIP _____

13. PHONE _____

14. EMAIL _____

III. DISCLOSURE OF INTEREST

If the fleet management company applying for this permit is owned and/or operated as other than a sole proprietorship, per **OMC 5.64.040 (B)(3)** please disclose the names, residence, and business addresses of the **designated manager, all directors, officers, partners, and associates directly or indirectly holding a financial interest in the applicant and the proposed fleet management permit (attach additional pages if necessary):**

15. NAME _____

16. TITLE _____

17. RESIDENTIAL ADDRESS _____

18. CITY/ZIP _____

19. HOME PHONE /EMAIL _____

20. BUSINESS ADDRESS _____

21. CITY/ZIP _____

22. TOTAL VALUE INVESTED \$ _____ PERCENTAGE OF OWNERSHIP % _____

NAME _____

TITLE _____

RESIDENTIAL ADDRESS _____

CITY/ZIP _____

HOME PHONE /EMAIL _____

BUSINESS ADDRESS _____

CITY/ZIP _____

TOTAL VALUE INVESTED \$ _____ PERCENTAGE OF OWNERSHIP % _____

NAME _____

TITLE _____

RESIDENTIAL ADDRESS _____

CITY/ZIP _____

HOME PHONE /EMAIL _____

BUSINESS ADDRESS _____

CITY/ZIP _____

TOTAL VALUE INVESTED \$ _____ PERCENTAGE OF OWNERSHIP % _____

NAME _____

TITLE _____

RESIDENTIAL ADDRESS _____

CITY/ZIP _____

HOME PHONE /EMAIL _____

BUSINESS ADDRESS _____

CITY/ZIP _____

TOTAL VALUE INVESTED \$ _____ PERCENTAGE OF OWNERSHIP % _____

FICTICIOUS BUSINESS NAME CERTIFICATE

Please provide a copy of the current, valid fictitious business name certificate under which the applicant does, or intends to do, business

IV. DESCRIPTION OF FLEET'S PROPOSED OPERATIONS

23. Dispatching is provided on site at company's address: Yes No

24. Dispatching is provided off site by: *(Please provide copy of FCC License)*

25. NAME OF COMPANY _____

26. RADIO CALL SIGN _____

27. FREQUENCY _____

28. FCC License Expiration Date _____

29. If no dispatching service is used, phone number for public to call for service:

V. COLOR SCHEME

30. Taxi Cab Colors are (must be 2 colors) _____

*(Please provide a recent 5x7 **COLOR** photo of a cab from your fleet)*

VI. CONFORMANCE WITH ZONING LAWS

31. Please list address where vehicles will be stored and maintained.

IX. COVERAGE PLAN

Fleets consisting of **TEN** or more vehicles shall provide taxi coverage to all parts of the City 24 hours per day, seven days per week. The plan should include times, geographic areas and the number of cabs which will be servicing these areas. Please include/attach your coverage plan.

I declare under the penalty of perjury that the foregoing is true and correct.

Dated _____

Signed: _____ Name (in Print) _____
(Applicant)

Mailing address: _____
(Please write complete address, including zip code)

Signature of Fleet Manager

CDL #

Company Name

Date

DEPARTMENT USE ONLY

Date Application Received _____

Fees Paid _____

Required Documents Received:

- | | |
|--|--|
| <input type="checkbox"/> Fictitious Business Certificate | <input type="checkbox"/> FCC License (if required) |
| <input type="checkbox"/> Insurance Certificate | <input type="checkbox"/> Business Tax Certificate(s) |
| <input type="checkbox"/> Photo of cab | <input type="checkbox"/> 24 Hour Plan |