



PUBLIC VEHICLE/PEDICAB CERTIFICATE AND PERMIT APPLICATION

Company Name: _____

Trade Name, if applicable: _____

Company Address: _____
(No.) (Street) (Apt. No.)

(City) (State) (Zip Code)

Business Phone: _____ E-Mail: _____ Fax: _____

Applicant Name: _____
(Last) (First) (Middle Initial)

Applicant Address: _____
(No.) (Street) (Apt. No.)

(City) (State) (Zip Code)

List places of residence for the past 5 years:

Has your driver's license ever been revoked: YES NO

If yes, please explain: _____

Indicate your experience and qualifications to engage in the business of public transport in the City:

If you are a principal in a CO-PARTNERSHIP, list the name and residence of each co-partner:

If a CORPORATION, list the name of the corporation and the name and residence of each officer and member of the board of directors:

Indicate: **Hours of Operation:** _____

Rate of Fare (for vehicles for hire: if other than provided in Section 36-42, City Code):

Insignia/Logo:

Color Scheme (Taxis only): _____

Insurance Company: **Name:** _____

Address: _____

Telephone: _____ **Agent:** _____

Insurance Company notified to add CITY OF SARASOTA as a certificate holder? YES NO

Include the following with the completed Certificate and Permit Application:

1. A copy of a current Sarasota County and/or City Occupation License as applicable.
2. Safety Certificate for each vehicle with VIN/Serial Number, signed and dated by a qualified mechanic for Vehicles for Hires or a qualified bicycle mechanic for Pedicabs.
3. One photograph of the rear of all public motor vehicles with the license plate number clearly identified and one photograph of all public motor vehicles with the words taxicab, cab, for-hire vehicle, limousine, or sightseeing vehicle, as the case may be, in accordance with Section 36-37, City Code, clearly discernable.
4. Certificates of Insurance with VIN/Serial Number, make, model, and year of vehicles, and the City of Sarasota identified as a certificate holder and additional insured (\$500,000 combined insurance or \$125,000*/\$300,000/\$100,000) Insurance Certificate must have the contact telephone number for the Producer. *By State Statute.
5. Copy of the Motor Vehicle Registration for each vehicle.
6. A copy of the applicant's Florida Department of Highway Safety and Motor Vehicles Driver License Record.
7. A copy of the applicant's Florida Department of Law Enforcement Criminal History.
8. A copy of documentation indicating the company has adopted a drug-free workplace policy.
9. For pedicabs, documentation indicating staging areas for pedicab service (map with routes, pictures of staging areas, narrative).
10. For advertising for pedicabs, graphic documentation of the advertising to be displayed.
11. \$100 for the first pedicab and \$50 for the first vehicle for hire; \$20 for each additional vehicle permitted.
12. Commercial automobile coverage or business owner's policy with automobile portion required and must be indicated on the Certificate of Insurance.
13. "Non-standard," JUA or "high-risk" automobile coverage is not acceptable.

PUBLIC VEHICLE/PEDICAB CERTIFICATE AND PERMIT APPLICATION GUIDELINES

In accordance with Section 36, *Sarasota City Code*, all vehicles for hire/pedicabs that pick up in the City of Sarasota or are owned, operated or maintained by an entity which advertises for business in the City are required to be permitted. Certificates and Permits must be renewed annually, generally as of October 1. The Certificate and Permit Application Form, a Safety Certificate completed by a qualified mechanic for vehicles for hire or qualified bicycle mechanic for pedicabs, and photographs showing the colors and/or insignia/logo with company name and phone number must be submitted for each vehicle. A Certificate of Insurance must be presented which lists the City of Sarasota as a "Certificate Holder." Applicants must also submit a copy of a current Sarasota County and/or City Occupational License, as applicable, the applicant's Florida Department of Highway Safety and Motor Vehicles Driver License Record and Florida Department of Law Enforcement Criminal History Record, and a documentation indicating the applicant's company has adopted a drug-free workplace policy.

In accordance with Section 36, *Sarasota City Code*, each driver of a public vehicle/pedicab shall be permitted to operate by the Office of the City Auditor and Clerk. The Applicant must submit each driver's name, address, and Driver License number, and copies of each driver's Florida Department of Law Enforcement Criminal History and Florida Department of Highway Safety and Motor Vehicles Driver License Records, to the Office of the City Auditor and Clerk.

The City Code specifies that vehicles for hire, i.e., taxicabs, must be consistent in their colors. Every permit holder authorized to operate one or more taxicabs shall adopt and use a distinctive, uniform and decorative color scheme for all taxicabs. A permit will not be issued if the color scheme infringes upon a color scheme already in use by another taxicab operator. Additionally, the color scheme shall not replicate or appear to be substantially the same as the color scheme of any law enforcement agency. Every taxicab shall indicate upon each side and the rear, the name and telephone number of the permit's holder's office and the number of the taxicab (Section 36-41, City Code).

The City Code also specifies that every taxicab, for-hire vehicle or sightseeing vehicle shall have a sign attached or printed on such vehicle, with the word or words taxicab, for-hire vehicle, or sightseeing vehicle (Section 36-37, City Code).

The fee for the first vehicle for hire is \$50 and the fee for the first pedicab is \$100; each additional vehicle is \$20.

You may submit your Permit Application along with the Safety Certificates and fees to the Office of the City Auditor and Clerk, City Hall, 1565 First Street, Room 110, or by mail, P.O. Box 1058, Sarasota, FL 34230.

If you believe the company is exempt from the permitting requirements of the City of Sarasota, please fill in the company name on the front of this form and indicate in the following section the reason for the anticipated exemption:

Signature of Authorized Company Representative

Date



CRIMINAL HISTORY AND DRIVER LICENSE REPORTS

Criminal History: Obtained from the Florida Department of Law Enforcement for a \$23.00 fee as follows:

By mail:

Individuals are required to provide a return address and the individual's name, any known aliases, date of birth or approximate age(s), race, sex and, if available, social security number and last known address to:

The Florida Department of Law Enforcement
Division of Criminal Justice Information Services
User Services Bureau/Public Records
P. O. Box 1489
Tallahassee, Florida 32302-1489

By website:

By accessing <https://www2.fdle.state.fl.us/cchinet> - By providing a credit card number, the information will come automatically either for downloading or printing. The fee for this service is \$24.00. (Note: Caution should be exercised to assure a printer is activated as charges are made for requested information regardless)

By telephone:

(850) 410-8109

Driving History: Obtained through the Florida Department of Highway Safety and Motor Vehicles as follows:

In person:

Individuals, by furnishing the appropriate identification, may obtain a 3-year certified record at a cost of \$3.10 per page from the Sarasota County Clerk of the Circuit Court at the following address:

Clerk of the Circuit Court, Customer Service - Traffic Division
2000 Main Street
Sarasota FL 34237
Telephone: (941) 362-4066
Website: http://clerk.co.sarasota.fl.us/official_records2.htm

By website:

By accessing <http://www.hsmv.state.fl.us/html/records.html> - Individuals are required to contract with a network provider to provide interactive access to the online driver license history file. A list of network providers is indicated on the website. The cost is \$9.95 for a 3-year report.

By telephone:

Bureau of Customer Service at (850) 922-9000



Public Vehicle Safety Certificate

Vehicle-For-Hire Inspection Checklist

Name of Company: _____

Contact Name: _____

Contact Number: _____

Make/Type of Vehicle: _____

Year: _____

Identification No.: _____

License Plate No.: _____

Attach: 1) copy of the Motor Vehicle Registration, 2) insurance certificate identifying the vehicle by VIN number and naming the City as Certificate Holder and Additional Insured, and 3) one photograph of the rear of all public motor vehicles with the license plate number clearly identified and 4) one photograph of all public motor vehicles with the words taxicab, cab, for-hire vehicle, limousine, or sightseeing vehicle, as the case may be, in accordance with Section 36-37, City Code, clearly discernable.

VEHICLE INSPECTION

- | | | | | | | |
|----------------------|-------------------------------|----------------------------------|--------------------------|--------------------------------|----------------------------------|----------------------------------|
| Rates Posted | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Brake Wear within limits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Name, Address, Phone | | | Interior Furnishings | <input type="checkbox"/> Dirty | <input type="checkbox"/> Clean | <input type="checkbox"/> Replace |
| No. on Front & Rear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Carpet | <input type="checkbox"/> Dirty | <input type="checkbox"/> Clean | <input type="checkbox"/> Replace |
| Body Appearance | <input type="checkbox"/> Good | <input type="checkbox"/> Repair | Door Locks | <input type="checkbox"/> Good | <input type="checkbox"/> Repair | |
| Glass | <input type="checkbox"/> Good | <input type="checkbox"/> Replace | Rear View Mirror | <input type="checkbox"/> Good | <input type="checkbox"/> Repair | |
| Seat Belts | <input type="checkbox"/> Good | <input type="checkbox"/> Replace | Top Light | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Horn | <input type="checkbox"/> Good | <input type="checkbox"/> Repair | Tires | <input type="checkbox"/> Good | <input type="checkbox"/> Replace | |
| Meter Light | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Turn Signals/rt. frt. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Windshield Wipers | <input type="checkbox"/> Good | <input type="checkbox"/> Repair | Turn Signals/left frt. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Head Lamps/low beam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Turn Signals/rt. rear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Head Lamp/high beam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Turn Signals/left rear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Brake Lamps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tail Lamps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| License Lamp | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Excessive Oil Leaks | <input type="checkbox"/> No | <input type="checkbox"/> Repair | |
| Brake - parking | <input type="checkbox"/> Good | <input type="checkbox"/> Replace | Exhaust Leaks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Defrost System | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Taximeter: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Color Scheme: _____

Recommendations & Special Notes: _____

CERTIFICATION

I, _____, the undersigned, hereby certify that I am a duly qualified mechanic according to the definition provided by the United States Department of Labor, Occupational Safety and Health Administration (OSHA), in Section 1926.32, Definitions, Volume III, OSHA 2079, "Construction Industry Standards and Interpretations," as follows:

Qualified means one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training, and expertise, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project. I also certify that I have inspected the vehicle described above and filled out this form as an accurate record of said inspection. I further certify that the vehicle described above is in safe operating condition.

PLEASE NOTE: This Public Vehicle Safety Certificate/Checklist is intended to aid the City of Sarasota and the owner of the vehicle for hire in locating possible safety concerns. This certificate is not intended and should not be construed as a guarantee of the safety of the vehicle or be depended upon in lieu of regularly scheduled maintenance or safety inspections.

Print Name

Print Business Name and Address

Mechanic's Signature

Date

Return completed form to: Office of the City Auditor and Clerk,
c/o City Hall, 1565 First Street, Room 110, P.O. Box 1058, Sarasota, FL 34230



Public Vehicle Pedicab Safety Certificate

Vehicle-For-Hire Pedicab Inspection Checklist

Name of Company: _____

VEHICLE STATISTICS

Make/Type: _____ Year: _____

Identification No.: _____ License No.: _____

VEHICLE INSPECTION

Rates Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permit Affixed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interior Furnishings	<input type="checkbox"/> Dirty	<input type="checkbox"/> Clean	Tires	<input type="checkbox"/> Good	<input type="checkbox"/> Replace
Body Appearance	<input type="checkbox"/> Good	<input type="checkbox"/> Repair	Brakes	<input type="checkbox"/> Good	<input type="checkbox"/> Replace
Rear View Mirror	<input type="checkbox"/> Good	<input type="checkbox"/> Repair	Tail Lamps/red/600 ft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seat Belts	<input type="checkbox"/> Good	<input type="checkbox"/> Replace	Horn	<input type="checkbox"/> Good	<input type="checkbox"/> Repair
Head Lamp beam/500 ft.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Note Color Scheme: _____

Recommendations & Special Notes: _____

CERTIFICATION

I, _____, the undersigned, hereby certify that I am a duly qualified bicycle mechanic according to the definition provided by the United States Department of Labor, Occupational Safety and Health Administration (OSHA), in Section 1926.32, Definitions, Volume III, OSHA 2079, "Construction Industry Standards and Interpretations," as follows:

Qualified means one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training, and expertise, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project.

I also certify that I have inspected the vehicle described above and filled out this form as an accurate record of said inspection. I further certify that the vehicle described above is in safe operating condition.

Print Name

Print Business Name and Address

Mechanic's Signature

Date

Return completed form to: Office of the City Auditor and Clerk, c/o City Hall, 1565 First Street, Room 110, P.O. Box 1058, Sarasota, FL 34230



PUBLIC VEHICLE/PEDICAB DRIVER LICENSE APPLICATION

Applicant Name: _____

Applicant Address: _____

(No.) (Street) (Apt. No.)

(City) (State) (Zip Code)

Home Telephone: _____

Date of Birth: _____

Last 4 digits of Social Security No: _____

Driver License #: _____

Is the license current? YES NO

List places of residence for the past 5 years:

In the past three (3) years, have you ever been convicted or had adjudication withheld of a felony, driving under the influence of drugs or alcohol, reckless driving, any violation of Chapter 800, Florida Statutes, pertaining to lewdness and indecent exposure, or any violation of Chapter 796, Florida Statutes, pertaining to prostitution? YES NO

Are you a registered sexual predator or offender? YES NO

Do you have diplomatic immunity? YES NO

Do you have at least six months driving experience? YES NO

Are you at least 18 years of age? YES NO

Have you operated a public vehicle within the City without a public vehicle license within the past year?

YES NO

Has your license ever been revoked: YES NO

If yes, please explain: _____

Indicate your experience and qualifications to operate a public vehicle in the City:

List three references (who have known the applicant for at least one year):

(Name) (Address) (Phone No.)

Signature of Applicant

Date

PUBLIC VEHICLE/PEDICAB DRIVER LICENSE APPLICATION GUIDELINES

In accordance with Section 36, *Sarasota City Code*, each driver shall be licensed to operate a vehicle for hire/pedicab by the Office of the City Auditor and Clerk. The Applicant must submit a legal name, address, and Driver License number, and copies of the applicant's Florida Department of Law Enforcement Criminal History and Florida Department of Highway Safety and Motor Vehicles Driver License History records, to the Office of the City Auditor and Clerk.

In accordance with Section 36, *Sarasota City Code*, the City Auditor and Clerk is entitled to deny any driver license application if the applicant's Driver or Criminal History reveals the applicant within the past three years has been convicted or had adjudication withheld of a felony, driving under the influence of drugs or alcohol, reckless driving, any violation of Chapter 800, Florida Statutes, pertaining to lewdness and indecent exposure, or any violation of Chapter 796, Florida Statutes, pertaining to prostitution. Additionally, the City Auditor and Clerk is entitled to deny any driver license application if the applicant is a registered sexual predator or offender. The City Auditor and Clerk shall deny the application of any applicant who has diplomatic immunity, has less than 6 months driving experience, does not possess a current driver license from the State, who is less than the age of the majority, or who has operated a public vehicle within the City without a public vehicle license within one year of the date of the application.

The fee for licensure is \$20. Renewal fee is \$10.

You may submit your Driver License Application and fees to:

**The Office of the City Auditor and Clerk
Room 110
City Hall
City of Sarasota
1565 First Street
Sarasota, Florida 34236
or by mail:
P.O. Box 1058
Sarasota, Florida 34230**

Statement of Drug-Free Workplace

The undersigned vehicle-for-hire organization hereby certifies that the organization does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the organization's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee-assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify employees that, as a condition of operating a vehicle for hire, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 through 5.

Company Name: _____

Trade Name, if applicable: _____

Company Address: _____

(No.) (Street) (Apt. No.)

(City) (State) (Zip Code)

Business Telephone: _____

As the person authorized to sign this statement, I certify that this organization complies fully with above requirements.

Signature of Organization's Representative

Date