



Doug Belden, Tax Collector

Vehicle for Hire Certificate and Permit Application
for Limousine, Van, and Handicab Services

Indicate the type of service and the number of vehicle permits to perform this service.

Business Name: _____

_____ Number of Limousine (Stretch/Sedan/SUV) permits

_____ requested Number of Van permits requested

_____ Number of Handicab permits requested

_____ Initial here if this application is to include a Port Tampa Bay decal.

Note: All vehicles for hire, providing for hire transportation services on property belonging to the Tampa Port Authority, must name the Tampa Port Authority as an additional insured on its motor vehicle liability insurance policy.

Applicant's Initials _____

Vehicle for Hire Certificate and Permit Application
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Name of Business: _____

Physical address where business is operated: _____

City _____ State _____ ZIP _____

Phone : _____ Fax: _____

E-mail: _____

Business Mailing Address (complete only if different from above):

Owner's Full Name: _____

Owner's Street Address: _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____

Email Address: _____

Manager's Full Name: _____

Manager's Local Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email Address: _____

Applicant's Initials _____

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REQUIRED Documents Checklist:

Attachment 1: The business must identify & list all vehicles utilized by the business. The list shall include the year, make, model and Vehicle Identification Number (VIN) on the prescribed form. This is a new BOCC requirement.

Attachment 2: Liability insurance for each vehicle.

Note: All vehicles providing transportation services on property belonging to the Tampa Port Authority, must name the Tampa Port Authority as an additional insured on said motor vehicle liability insurance policy.

Attachment 3: Vehicle Registration for each vehicle.

Attachment 4: An ASE Certification form for each vehicle. Each vehicle must be inspected and certified safe by an ASE (Automotive Service Excellence) certified mechanic or commercial auto repair facility licensed by the State of Florida. (Form HCTC_P1)

Attachment 5: The business must identify & list all drivers utilized by the business. The list shall include the name, address, date of birth and phone number for each driver on the prescribed form. This is a new BOCC requirement.

Note: All drivers must be issued a public vehicle driver's license to operate any Vehicle for Hire.

Attachment 6: Copy of current Business Tax Receipt.

Attachment 7: Articles of Organization, FL Profit Corporation, or Limited Partnership, registered with the Division of Corporations at Sunbiz.org. Include fictitious name registration when applicable.

Attachment 8: Acknowledgement of Ordinance 17-22; Exhibit A

Attachment 9: Compliance Affidavit; Exhibit B.

List of Vehicles Form

Identify and list all vehicles used by the business. The list shall include the year, make, model and Vehicle Identification Number (VIN). All vehicles must obtain a permit.

Business Name:			
Year	Make	Model	Vehicle Identification Number (VIN)

Chapter 10, Article XVI of the Hillsborough County Code of Ordinances and Laws, Ordinance 17-22, Section 7. B (7)

CERTIFICATE APPLICATION

Exhibit A

Acknowledgement of
Ordinance 17-22
For the Regulation of Vehicles for Hire

Ordinance 17-22 details important information about the rules and regulations of Vehicles for Hire including Limousines, Handicabs and Vans.

I understand that it is my responsibility to read, understand and comply with the Ordinance and any revisions made.

I have read and understand the Ordinance, its requirements and the penalties imposed as defined.

Signature:

Date:

Applicant's Initials _____

CERTIFICATE APPLICATION

Exhibit B

Compliance Affidavit

_____, of _____,
(Individual or Representative) (Company or Corporation)

do hereby swear/affirm that the listed applicant company is in compliance with all applicable county and municipal ordinances and codes; state laws, regulations and codes; and federal laws and codes.

Applicant's signature: _____

Must be signed in presence of notary public.

State of Florida

County of _____

On this _____ day of _____, 20____,

personally appeared before me the above named person, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public _____

My commission expires: _____

Applicant's Initials _____