



**Public Vehicle Certificate Application**  
**TRANSFER**

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

<b>FOR OFFICE USE ONLY</b>
DATE: _____
CONTROL #: _____

**I. APPLICANT INFORMATION** (Individual(s), partnership, or corporation applying for transfer of vehicle)

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)

Transfer	Company Vehicle No.	Vehicle Make	Vehicle Model	Vehicle Year	Auto Tag / State Registration No.	VIN / Serial No.	Seating Capacity	PVC No. (Office Use)
<i>From:</i>								
<i>To:</i>								
<i>From:</i>								
<i>To:</i>								
<i>From:</i>								
<i>To:</i>								

- 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.

<p><b>PLEASE CHECK ONE:</b>      <i>I am</i> _____      <i>I am not</i> _____</p> <p><i>Required by Florida's Financial Responsibility Law to maintain liability insurance with coverage of not less than \$125,000/\$250,000/\$50,000.</i></p> <p>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.</p>  <p>_____ (Signature of Applicant)</p>  <p>_____ (Date Signed)</p>	<p>_____ (Title)</p>
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