CITY OF OAKLAND
FLEET MANAGEMENT PERMIT APPLICATION
(Under Chapter 5, Article 29, of the Oakland Municipal Code)

1. FLEET MANAGEMENT PERMIT APPLICATION TYPE

____ Initial Permit ____ Annual Renewal ____ Change of Manager

This Fleet Management Permit is being applied for by _____on behalf of _____, a fleet management company within the meaning of the Oakland Municipal Code, Said fleet management's organization or structure is:

____ a Sole Proprietorship ____ a Corporation ____ a Partnership

Said Fleet Management Company is owned and/or operated by:

____ an Individual ____ a Corporation ____ Partners

Names:
_____

A fictitious business name certificate has been applied for and been received by

_____ the applicant _____ the fleet management company _____ the partnership/corporation

operating the fleet management company. This fictitious business name certificate was issued by **Alameda County** on _____ and renewed by **Alameda County** on _____.
A copy of the said Fictitious Business Name Certificate is attached.

The Fleet Management Company is identified at the City of Oakland Business Tax Division as account

number _____, and has provided documentation evidencing a current business tax certificated. This **business** operates within the zoning regulations set forth by the City of Oakland at

the following **location and phone number**
_____

_____, and will operate a Fleet Management Company in accordance
with the provisions of the laws governing such operation.

The applicant's interest in the fleet management company is:

____ as fleet manager _____ as holding a legal interest in the fleet management company as follows:

_____

Dispatching Service _____ Provided on site at company's address.

_____ Provided offsite by _____

_____

Attach a copy of FCC License if operating a dispatching service.

Radio call sign _____ Frequency _____

FCC Expire _____

Taxi cab colors will be _____ , _____, _____

Any stripes _____ What color _____

Which part of the vehicle _____

The applicant designates_____ as fleet manager effective _____

Fleet manager's contact info:

Business Address: _____ City _____

Residence phone number: _____ Cell phone _____

Email address:_____

Dispatching service _____ Provided on site at company address.

_____ Provided off site by _____

at _____

Attach a copy of FCC licenses if operating a dispatch service.

Radio Call Sign _____ Frequency _____

FCC Expire _____

Taxicab color (s) will be _____

Any stripes _____ What color _____

Which Part of the vehicle_____

The applicant designates _____

whose address is _____

and residence telephone number is (____) _____, cell phone is _____

Email address: _____as FLEET MANAGER,

effective (Date) _____.

II. FINANCIAL INTEREST DISCLOSURE FORM

The applicant should complete both Part A and Part B

PART A. If the fleet management company applying for this permit is owned and/or operated as other than a sole proprietorship, then for each permittee partner investor, stockholder or corporate officer please provide the following information.

1. Name _____ Title _____

_____

_____

Resident Address City/Zip Home Telephone

Total $ value invested _____ Percentage of ownership
Date of investment _____

_____

Names of other companies that have Oakland Taxicab permits in which you have invested.

2. Name _____ Title _____

_____

_____

Resident Address City/Zip Home Telephone

Total $ value invested _____ Percentage of ownership
Date of investment _____

_____

Names of other companies that have Oakland Taxicab permits in which you have invested

3. Name _____ Title _____

_____

_____

Resident Address City/Zip Home Telephone

Total $ value invested _____ Percentage of ownership

Date of investment _____

Names of other companies that have Oakland Taxicab permits in which you have invested

4. Name _____ Title _____

_____ _____
Resident Address City/Zip Home Telephone

Total $ value invested _____ **Percentage of ownership**

Date of investment
_____
_____
Names of other companies that have Oakland Taxicab permits in which you have invested

5. Name _____ Title
_____

_____
_____
Resident Address City/Zip Home Telephone

Total $ value invested _____ **Percentage of ownership**

Date of investment _____

PART B. Will the Fleet Management Company on behalf of whom this application is being made

operate taxi vehicles permitted to or registered to entities (work with or for other companies) other than individuals?
Yes/No _____ If your answer to this question is yes, then complete the following with regards to each
entity (work with or for other companies) with a permitted taxi in your fleet.

1. Entity Name
(Company)_____

Taxi Permit
Number(s)_____

Entity Shareholders and associated directly or indirectly holding a financial interest in the entity (name,
address, business and residence telephone number).

Name _____ Title _____
_____ _____
Resident Address Business Telephone
_____ _____

City Zip Home Telephone

Total $ value invested _____ Percentage of ownership

Date of investment _____

Name _____ Title _____

_____ _____

Resident Address Business Telephone

_____ _____

City Zip Home Telephone

Total $ value invested _____ Percentage of ownership

Date of investment _____

2. Entity Name
(Company)_____

Taxi Permit Number
(s)_____

Entity Shareholders and associated directly or indirectly holding a financial interest in the entity (name,
address, business and residence telephone number).

Name _____ Title _____

_____ _____

Resident Address Business Telephone

_____ _____

City Zip Home Telephone

Total $ value invested _____ Percentage of ownership

Date of investment _____

Name _____ Title _____

_____ _____

Resident Address Business Telephone

_____ _____

City Zip Home Telephone

Total $ value invested _____ Percentage of ownership _____ Date of investment ___

III. VERIFICATION OF INSURANCE FORM FOR VEHICLE'S & DRIVERS

Insurance Provider: _____

Insured: _____

Policy Number: _____

Insurance Limits: _____

Insurance Term: _____

Endorsement: _____ YES _____ NO

Broker Name: _____

Company Name: _____

Address : _____

Telephone: _____

Fax: _____

Permit no.	Name of Drivers	CA Driver's license	Expiration date	Date of Birth

TAXI DRIVERS OPERATING UNDER FLEET COMPANY

Please attach a Certificate of Insurance, a Declaration page and a schedule which lists all vehicles and driver's covered on the policy.

Taxicab permit no.	Name of Permittee	Make/ Model	Year	Plate no.	VIN	Shield	Citations Cleared

Please be advised that the applicant is responsible for ensuring that the Taxi Detail Unit receives bona fide insurance policies issued by the insurance company, as outlined in the Certificate of Insurance. Failure to comply with this requirement may result in the suspension of all taxi operations and / or permanent revocation. The applicant has 30 days to provide bona fide insurance policies from the insurance company, unless a request for an extension is filed with the Taxi Detail and approved by the City Administrator's Office.

The applicant agrees to governance by all applicable provisions of the Oakland Municipal Code, Chapter 5, Article 29 including, but not limited to compliance with all laws, ordinances, and regulations governing the operation of this company; to maintain evidence of insurance in the amount required by the City of Oakland; to maintain dispatch records and driver's waybills; to submit monthly driver roster reports to the Taxi; to submit a report within five business days to the Taxi Unit of any taxicab permit change(s) company, and to report which taxicab permits, and permit holders operate under this Fleet Management Permit.

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

_____ at Oakland, CA. _____

Signature of Fleet Manager/Corporate Officer ***Today Date***

CADL # _____ _____

Company Name

NON-REFUNDABLE FILING FEES $_____

_____ at Oakland, CA**.** _____

Signature of Fleet Manager ***Today Date***

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DEPARMENTAL USE ONLY

Date Application Received **Date Investigation Completed**

Approved _____ **Denied _____**

CITY OF OAKLAND, 1 FRANK OGAWA PLAZA, 11th FL, OAKLAND, CA 94612
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Print Form