CITY OF OAKLAND
1 FRANK H. OGAWA PLAZA
OAKLAND, CA 94612
TAXI DETAIL - 510-238-6914

TAXI VEHICLE PERMIT RENEWAL APPLICATION FORM 2016-2017

APPLICANT INFORMATION: **Name:**
Address:
City/Zip: **Phone:**
Email Address:
If applicant is not an individual, please select from the following and attach all supporting documents: ☐ **Individual** ☐ **Partnership** ☐**Corporation** ☐ **LLC** ☐ **Other** **State of Incorporation or LLC: _____** **California Secretary of State Entity Number: _____**
Total Number of Vehicle Permits Owned:

List individuals associated with Applicant Company, including but not limited to owners, board of directors, members, officers and executives. (Please use additional pages if needed)

Name:
Address:
City/Zip: **Phone:**
Title:
Email address:
Related to another vehicle permit holder? ☐ **Yes** ☐**No If yes: Which Company:**

Name:
Address:
City/Zip **Phone:**
Title:
Email address:
Related to another vehicle permit holder? ☐ **Yes** ☐**No If yes: Which Company:**

Name:
Address:
City/Zip: **Phone:**
Title:
Email address:
Related to another vehicle permit holder? ☐ **Yes** ☐**No If yes: Which Company:**

Proposed FLEET MANAGEMENT PERMITTEE INFORMATION:

FLEET MANAGEMENT CO. NAME:	
FLEET MANAGER :	
Address:	
City/Zip	**Phone:**
Email:	

List the vehicle permit numbers currently held by applicant:

Signature of applicant or officer authorized to sign for applicant:

_____ _____

Name printed Signature

Date: _____

NOTE: By signing above, I acknowledge my understanding that the City's receipt and processing of information on this form does not constitute or guarantee issuance or renewal of a Taxi Vehicle Permit. Compliance with all other relevant requirements of Oakland Municipal Code Chapter 5.64 is required before issuance or renewal of a Taxi Vehicle Permit.

CITY USE ONLY: DATE RECEIVED:	***TIME RECEIVED:***

☐ Applicant Information

☐ Leasing Agreement (if applicable)

☐ Fleet Manager Information

By: _____