



## **Certificate and Permit Application for Limousines, Vans, and Handicabs**

### **Staff Use Only**

Company Name \_\_\_\_\_

Company Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Permits Assigned: \_\_\_\_\_

3011 University Center Dr., Tampa, Florida 33612 • 813-635-5200 • [hillstaxfl.gov](http://hillstaxfl.gov)

## 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/Certificate Holder on its motor vehicle liability insurance policy (Accord Form).

Applicant's Initials \_\_\_\_\_

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

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 \_\_\_\_\_

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

**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 (Accord Form).

Note: All vehicles providing transportation services on property belonging to the Tampa Port Authority, must name the Tampa Port Authority as an additional insured/Certificate Holder 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. (Mechanical Inspection Form HCTC Rev 08/20)

**NOTE: If the ASE Certificate Number is not in the correct format, you will be required to submit a copy of the ASE Certificate**

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.

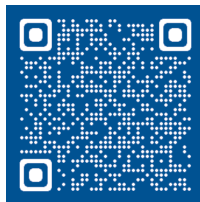
*Note: All drivers must be issued a Driver Identification Badge to operate any Vehicle for Hire.*

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: Acknowledgment of Ordinance and Compliance Affidavit

**New** this year, you can upload your application! Your upload time will be considered your “post mark”. Otherwise, applications should be mailed, or hand-delivered by the due date.



<https://securefiles.hillstax.org/filedrop/NT>

## 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.

[illegible]

## List of Drivers Form

Identify and list all drivers used by the business. The list shall include the name, address, date of birth, and phone number for each driver. All drivers must be issued a Driver Identification Badge.

[illegible]



## Mechanical Inspection Certification

Company Certificate Holders Name: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Date of Manufacture: \_\_\_\_\_

Mileage (at the time of inspection): \_\_\_\_\_

VIN: \_\_\_\_\_

### **Inspection Items:**

\_\_\_\_\_ Brakes: Foot brakes and parking brake.

\_\_\_\_\_ Tires: Condition of tires, including tread depth

\_\_\_\_\_ Windshield and windshield wipers.

\_\_\_\_\_ Lights: head lights, tail lights, brake lights, turn indicator lights

\_\_\_\_\_ Interior: door & lock operation, horn, speedometer, safety belts, front seat adjustment mechanism

\_\_\_\_\_ Interior and exterior rear view and side view mirrors

\_\_\_\_\_ Heating and A/C (heated air at floor and defrost, A/C temp at ducts)

\_\_\_\_\_ Suspension system and steering (worn-out shocks and struts)

\_\_\_\_\_ Bumper, Muffler and Exhaust System (converters in place, excessive noise, leaks, smoke)

\_\_\_\_\_ Leaks (oil, engine coolant, transmission, fuel, hydraulic brake fluid)

\_\_\_\_\_ Additional inspection required for vehicle exceeding ten (10) model years on December 31st of any year. Interior restraint and safety equipment is functional and in good working order.

I, \_\_\_\_\_, certify that I have inspected the vehicle  
(Automotive Service Excellence "ASE" Certified Mechanic Printed Name)

identified on this form and using the above listed items as my criteria, certify this vehicle as safe and roadworthy as of the date of this inspection.

\_\_\_\_\_  
Signature of ASE Certified Mechanic

\_\_\_\_\_  
Inspection Date

\_\_\_\_\_  
ASE Certificate Number

**NOTE: If the ASE Number is not in the correct format, you will be required to submit a copy of the ASE Certificate**

### **Office use only**

Permit No: \_\_\_\_\_

Date Received: \_\_\_\_\_

CSR: \_\_\_\_\_

**Certificate and Permit Application for Limousines, Vans, and Handicabs  
Acknowledgement of Ordinance and Compliance Affidavit**

**Acknowledgement of Ordinance For Regulation of Vehicles for Hire**

The Ordinance details important information about the rules and regulation of Vehicles for Hire, including Limousines, Vans, and Handicabs.

I understand that it is my responsibility to read, understand and comply with the Ordinance, Resolution, and any revisions made. I have read and understand the Ordinance, its requirements and the penalties imposed as defined.

**Vehicle for Hire Permit Application Compliance Affidavit**

\_\_\_\_\_  
(Individual or Representative)

of \_\_\_\_\_  
(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.

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicant's Initials \_\_\_\_\_