



# City of Tampa

Jane Castor, Mayor

## Mobility Department ROW Management

306 E. Jackson St  
Tampa, Florida 33602

Office: (813) 274-3101

### APPLICATION FOR PERMIT FOR NON-MOTORIZED VEHICLES

NEW                       RENEWAL                       REPLACEMENT

Chapter 25, City of Tampa Code stipulates a permit shall be obtained before any non-motorized vehicle is permitted to operate within the City limits of Tampa. The permit shall be valid for one (1) year from the date of issue. Fee for replacement of lost permit will be ten dollars (\$10.00).

City of Tampa  
Mobility Department  
306 E. Jackson Street  
Tampa, FL 33602

Date Filed: \_\_\_\_\_

**TOTAL # OF PERMITS REQUESTED:** \_\_\_\_\_  
(\$300.00 for one non-motorized vehicle and \$100.00  
for each additional non-motorized vehicle)

<b>APPLICANT</b>	
<b>TRADE NAME</b>	
<b>BUSINESS LOCATION</b>	
<b>BUSINESS MAILING ADDRESS</b>	

1. Below, please state two (2) business references:

BUSINESS NAME	CONTACT NAME	ADDRESS	EMAIL

2. Please complete the following information for all corporate officers, directors, major stockholders and/or partners:

NAME		NAME	
POSITION		POSITION	
EMAIL		EMAIL	
OCCUPATION		OCCUPATION	

3. **DATE OF INCORPORATION:** \_\_\_\_\_

**PLACE OF INCORPORATION:** \_\_\_\_\_

Is the Corporation qualified to do business in the State of Florida?     YES                       NO

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4. Please furnish the names and addresses of any parent or subsidiary companies:

PARENT COMPANY	CONTACT NAME	ADDRESS	TELEPHONE #
SUBSIDIARY COMPANY	CONTACT NAME	ADDRESS	TELEPHONE #

5. Please attach the following documents to show compliance with the terms and conditions specified in Chapter 25 of the City Code:

a) Description, including photos of non-motorized vehicles, including the kind, make, and model of vehicles:
b) Number of non-motorized vehicles to be operated:
c) The means of propulsion of the vehicles:
d) Type of animal/beast of burden to be used, if any:
e) Hours of operation:
f) Location of business office:
g) Location of storage of vehicles:
h) Location for sheltering or stabling of the horses/beast of burden, where applicable:
i) Please include the legal description for the above three locations:
1.
2.
3.
j) Description, including maps of the proposed route(s):
k) Location of passenger load/unload station:
l) Written permission from property owner or his agent allowing property to be used for passenger load/unload station for specific times and days:
m) The name and address of every driver to be operating any non-motorized vehicle:
n) Certificate of soundness of each animal that will be pulling a permitted vehicle:
o) Insurance Certificate:
p) Statement acknowledging the applicant's familiarity with the horse-drawn vehicle ordinance and the applicant's intent to abide by the same:

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6. Certification

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that if any portion is false or misrepresented, such fact may constitute a violation of City Code Section 25-62 and may be punishable under Section 1-6 of the City Code.

I further understand that the issuance of non-motorized vehicle permit is a privilege to conduct business in the City of Tampa and any misrepresentation if this application may result in the immediate revocation of any permit issued to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Applicant

**FOR OFFICE USE ONLY**

Permit No.(s): \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount Issued: \_\_\_\_\_

Cash/Check: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Issued By: \_\_\_\_\_

Applications forwarded to following City Officials for review:

CHIEF OF POLICE

ZONING COORDINATOR

Concerned Department Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION REVIEWED AND APPROVED

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Traffic Engineer

\_\_\_\_\_  
Date