

**MOBILITY & PARKING SERVICES DEPARTMENT**

## OWNER/COMPANY REGISTRATION

TODAYS DATE:	
COMPANY NAME:	
COMPANY MAILING ADDRESS:	
COMPANY PHYSICAL ADDRESS:	
COMPANY PHONE:	FAX #:
BUSINESS TAX CERTIFICATE #:	
COMPANY CONTACT:	
COMPANY EMAIL:	
TYPE OF COMPANY: (PLEASE CIRCLE ONE) NEV, PEDICAB, SHUTTLE, TAXI, TOUR, WRECKER,	
OWNER'S NAME:	
OWNER'S ADDRESS:	
OWNER'S PHONE:	
OWNER'S E-MAIL:	
BUSINESS DESCRIPTION:	
COMPANY SHIRT COLOR(S):	
COLOR SCHEME/ VEHICLE #'S:	

**-over-**

