

**CITY OF INDEPENDENCE
TAXICAB LICENSE APPLICATION**

LICENSE FEES: APPLICATION FEE - NEW BUSINESS \$100.00
 RENEWAL \$35.00

Upon submitting this application to the City Recorder, a police background investigation will be conducted. All pages/fields must be completed. This form must be completed in legible handwriting or typed. Illegible applications may be rejected. This application and a separate Taxicab Driver application for each driver **MUST** be signed.

Business Information:

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Name, Date of Birth, Address, Phone of all Partners or Corporate Officers:

(Use reverse side if needed.)

Vehicles Used (if applicable):

Year: _____ Make/Model: _____ Passenger Capacity: _____ Lic. No.: _____

Year: _____ Make/Model: _____ Passenger Capacity: _____ Lic. No.: _____

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Insurance Requirements:

Insurance Company: _____ Agent: _____

Agent Phone Number: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

Please attach a copy of a certificate of insurance indicating the following:

- 1. For death or injury to any one person in any one accident, not less than \$100,000;*
 - 2. For death or injury to two or more persons in any one accident, not less than \$300,00;*
 - 3. For damage to or destruction of property of others resulting from any one accident, not less than \$50,000.*
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Personal History:

Name (Last, First Middle): _____

Present Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Email: _____ Social Security No.: _____

Date of Birth: _____ Place of Birth: _____

Drivers License Number and State: _____ Exp. Date: _____

Have you ever had a suspended or revoked driver's license? Yes No

If yes, state reason, date, and court: _____

Other Names:

If married,(maiden): _____

Nicknames/Surnames: _____

During what period and under what circumstances were these names used? _____

Have you ever legally changed your name? If so, please provide date, place, and court: _____

Previous Addresses (past 5 Years-Use Reverse Side if Necessary):

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physical Description:

Gender: Male Female

Weight: _____

Height: _____

Hair Color:

Light Blonde

Dark Blonde

Light Brown

(if other, describe) _____

Dark Brown

Auburn/Red

Black

Grey

Salt & Pepper

Other

Scars/Marks:(describe any scars or marks) _____

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Other:

Have you ever been convicted of any crime, misdemeanor or violation of municipal ordinance (Other than minor traffic and parking offenses)? Yes No

If yes, state reason, date, and court: _____

Please list 3 persons residing within the state of Oregon who can give informed account of the business and moral character of the applicant. (Name, Address, Phone number)

1. _____
2. _____
3. _____

I, the undersigned hereby give my consent to the City of Independence Police Department to conduct a background investigation for the purpose of determining my qualifications to be granted a permit. I do further authorize the release to the City of Independence and Independence Police Department all information pertaining to, but not limited to my driving record, police record, or prior employment record. I do certify that all statements made here are true with the understanding that omissions of fact or misstatements on my part shall be cause for forfeiture of eligibility for a permit.

Signature of Applicant

Date

RECOMMENDATIONS

Permit Approval: If approved, permit expires on: _____

Permit Denial: Reason for Denial: _____

Chief of Police

Date

City Manager

Date