

TAXI OPERATOR'S LICENSE APPLICATION

CITY OF ROSEBURG
900 SE DOUGLAS, ROSEBURG, OR 97470

\$200.00 Original Application Investigation Fee
\$150.00 Per Cab Annual License Fee (1/2 if received after 7/1)

RENEWAL _____
RECEIVED _____

In accordance with Roseburg Municipal Code Chapter 9.08.020, no person shall operate a taxicab service without first obtaining an operator's license from the City Recorder

Business Name _____
Dispatch Office Address _____
Mailing Address _____
Dispatch Phone _____ Business Phone _____

Owner's Name _____ Home Phone # _____
Home Address _____
Date of Birth _____ Place of Birth _____
Driver's License # _____ Social Security # _____

Co-Owner's Name _____ Home Phone # _____
Home Address _____
Date of Birth _____ Place of Birth _____
Driver's License # _____ Social Security # _____

The name, home phone and address, date and place of birth, driver's license and social security numbers and title of position held, of each officer and all key personnel of the business (See RMC 9.08.005(B) for definition:

Officer/Key Personnel _____ Home Phone # _____
Home Address _____
Date of Birth _____ Place of Birth _____
Driver's License # _____ Social Security # _____
Job Title _____

Officer/Key Personnel _____ Home Phone # _____
Home Address _____
Date of Birth _____ Place of Birth _____
Driver's License # _____ Social Security # _____
Job Title _____

Attach a sheet if additional space is needed

Describe the owner(s), any officer or key personnel's prior business and work experience:

Owner _____

Co-Owner _____

Officer/Key Personnel _____

If there any unpaid judgments against the owner(s), any officer or key personnel, describe the nature of the acts or transactions giving rise to each judgment, the court in which it was rendered and the unpaid or unbonded amounts outstanding:

If the owner(s), any officer or key personnel has ever declared bankruptcy, state the name of the person involved, whether it was personal or business related and include the court, case number, date discharge was granted. If discharge was not granted, explain the circumstances for denial of the discharge:

If the owner(s), any officer or key personnel has been convicted of any felony, misdemeanor or violation of any municipal ordinance or state law (other than minor traffic and parking fines, list the name(s) of person(s) who have been convicted, date(s) of conviction(s), nature of offense(s) and punishment or penalty assessed:

If the owner(s), any officer or key personnel has been licensed to operate a taxicab business in the past, list the name of the person who was licensed, the business under which the license was held and name of the licensing agency:

If the owner(s), any officer or key personnel has been denied a bond, or had a bond revoked or suspended, state the reason and details of said action:

Vehicles to be used:

	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License #</u>	<u>Seating Capacity</u>
1.					
2.					
3.					
4.					
5.					

Provide a description of the color scheme, insignia, trade style or other distinguishing characteristics of the proposed taxicab business:

List the rates proposed to be charged for taxicab service:

Drop Charge _____ Per Mile Charge _____
 Waiting Charge _____ Additional Passenger Charge _____

If the owner is willing and able to have the proposed taxicab business participate in public service projects, such as subsidized fare programs for the elderly, the disabled or other groups of citizens, sponsored by the government or private agencies, submit documentation indicating the sponsoring agency's willingness to allow your company to participate in such programs.

NOTE: For first time applicants, applications must be accompanied by a non-refundable application investigation fee. Upon approval of this application, the applicant will post and continue to maintain a \$5,000.00 bond or certified check acceptable to the City Recorder in accordance with RMC Section 9.08.180.

STATEMENT OF COMPLIANCE: By signing and submitting this application, I hereby certify that the foregoing information is true and correct; I have received a copy of Roseburg Municipal Code Chapter 9.08 concerning Taxicab Service, have read and understand the same and agree to fully comply with all terms and conditions set forth therein.

Applicant's Signature

Date

Office Use Only ORIGINAL APPLICATION INVESTIGATOIN FEE RECEIPT # _____ PERMIT FEE RECEIPT # _____

THIS APPLICANT HAS MET THE REQUIREMENTS FOR A TAX SERVICE PURSUANT TO MUNICIPAL CODE CHAPTER 9.08.

Roseburg City Recorder or Designee

Date

Expiration Date