



**ANNUAL LICENSE FEE \$35**  
**\*\*NON-TRANSFERABLE LICENSE\*\***

<b>FOR OFFICE USE ONLY</b> Collected On: ____/____/____  Receipt #: _____  Received By: _____
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**Taxicab Business Application**  
**Certificate of Public Convenience and Necessity**

*APPLICANT:*

**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Name of Applicant/Owner:** \_\_\_\_\_  
**Bus. Phone:** ( \_\_\_\_ ) \_\_\_\_\_ **Alternate Phone:** ie-cell, home, etc. ( \_\_\_\_ ) \_\_\_\_\_

**Please list your experience relating to the business of transporting passengers (Include time periods, name of businesses, etc):**

<u>Company/Bus. Name</u>	<u>Time Period (day/month/year)</u>	<u>Experience</u>
_____	____/____/____ to ____/____/____	_____
_____	____/____/____ to ____/____/____	_____
_____	____/____/____ to ____/____/____	_____
_____	____/____/____ to ____/____/____	_____

*FINANCIAL STATUS:*

**List all unpaid judgments against the applicant/business –and- give the nature of the transaction or acts giving rise to said judgments:**

<u>Company/Bus. Name</u>	<u>Dollar Amount</u>	<u>Description</u>
_____	\$ ____ . ____	_____
_____	\$ ____ . ____	_____
_____	\$ ____ . ____	_____
_____	\$ ____ . ____	_____

**VEHICLE INFORMATION:**

Every taxicab licensed under the provisions of this chapter shall have the name of the company plainly displayed in letters at least two inches in height in a conspicuous place on each side of the vehicle, and, in addition, may bear an identifying design approved by the city. No vehicle shall be licensed whose color scheme, identifying design, or displayed name shall conflict with or imitate those used on a vehicle or vehicles already operating under this chapter, if in the opinion of the City Clerk, such use could be misleading or tend to deceive or defraud the public. **Applicant must attach a plan for color scheme, markings, and identifying design/name (ie – sketch, or photos as well as description).**

**Sketch/Photos/Plan, etc. Attached: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Number of vehicles being operated or controlled by applicant: \_\_\_\_\_**

**Vehicle 1:** Passenger Capacity: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Serial Number \_\_\_\_\_ License Number \_\_\_\_\_ Color \_\_\_\_\_

**Vehicle 2:** Passenger Capacity: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Serial Number \_\_\_\_\_ License Number \_\_\_\_\_ Color \_\_\_\_\_

**Vehicle 3:** Passenger Capacity: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Serial Number \_\_\_\_\_ License Number \_\_\_\_\_ Color \_\_\_\_\_

**Enclose map (drawing) and/or detailed description of proposed locations for depots or terminals. Map (drawing) and/or Description Attached: Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, explain reasons why: \_\_\_\_\_**

**INSURANCE REQUIREMENT:**

**Liability Insurance Required – Upon Condition of Certificate, Proof Of Insurance Must be Submitted (see terms below):**

Pursuant to the provisions of Camas Municipal Code 5.32, before a permit may be issued, the applicant will be required to execute a certificate of insurance evidencing liability insurance as required by Washington State Law on each and every taxicab owned or leased and used in the conduct of the operators business.

The City reserves the right to revoke the Certificate of Public Convenience and Necessity if proper evidence of insurance is not maintained on each of the taxicabs owned or leased or used by the applicant. The City further reserves the right to stop any or all activity if the condition of the vehicle(s) endangers the general health or safety of its customers.

**AGREEMENT:**

*My signature below indicates that I have read and understand the conditions of the application for a Certificate of Public Convenience and Necessity. Also, if the certificate is granted, I hereby agree to abide by the conditions set forth by Camas Municipal Code 5.32. I have been informed that if I, or my agents/employees that represent me, fails to abide by the permit conditions, the City of Camas may revoke the permit for Certificate of Public Convenience and Necessity.*

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

<p><b>CITY COUNCIL – FINAL APPROVAL</b></p> <p><b>Public Hearing Date</b> _____</p> <p>_____ A permit for this event is <b>approved</b> by the City of Camas.</p> <p>_____ A permit for this event is <b>denied</b> by the City of Camas for the reasons listed below.</p> <p>Mayor/Pro-Tem: _____ Date: _____</p>
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**Conditions of Approval (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Denial (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTIFICATION OF PERMIT STATUS:**

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ I contacted \_\_\_\_\_ regarding **approval/denial**  
Date Name of person contacted – usually applicant

of the Taxi-Cab Business License for \_\_\_\_\_ based on above listed factors.  
Title of Event

\_\_\_\_\_  
Signature of City Employee Making Notification

