

Finance Department City of Port Orchard 216 Prospect Street, Port Orchard, WA 98366 (360) 876-4407 • FAX (360) 895-9029

TAXICAB COMPANY AND VEHICLE LICENSE APPLICATION

(Port Orchard Municipal Code 5.56)

(Application must be completed by the owner of company or authorized agent)

	(Cab l	City Business License No.:(Cab license cannot be issued unless your City Business License is current)		
Name of Owner:				
Name of Company:				
Name of Agent, If Different Than Owner:				
Address:				
Street	City	State	Zip Code	
Mailing Address If Different Than Above:				
Telephone Number:	Altern	Alternate Number:		
Hours of Operation: Time: Is the vehicle kept in a condition of continued fitner. Is a Taximeter installed and capable of mechanical. Is the name of the taxicab company at least two incompany at least two	ss for public use? Y / N ly calculating the rates for hire thes in height and on both side	e? Y/N es of the vehicle? Y/N	KNOWLEDGE AND BELIEF.	
VEHICLE INFORMATION:	Signa	ture of Owner or Author	ized Agent	
Year: Make:N	Model:	License Plate Number	er:	
Name of Owner, if Different than Stated Above:				
Mailing Address, if Different than Stated Above:_				
elephone Number: Alternate Number:				
Maximum Occupancy of Vehicle:				
TAXI PERMIT <u>MUST</u> BE PLACED ON T	HE REAR BUMPER TO	THE LEFT OF THE	VEHICLE LICENSE PLATE	
	Signa	Signature of Owner of Vehicle		
Date License Denied:	FOR CITY USE ONLY Reason:			
Tax Cab Vehicle License Fee Paid? Yes/No	Receipt No.:		Date issued:	
Date Vehicle License Expires:	Taxi-Cab Permit	No.:		
	Approved By	Approved By		

Finance Dept or Designee