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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):

Company/Bus. Name	**Time Period** (day/month/year)	**Experience**
_____	___/___/___ 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:

Company/Bus. Name	**Dollar Amount**	**Description**
_____	$_____ . ____	_____
_____	$_____ . ____	_____
_____	$_____ . ____	_____
_____	$_____ . ____	_____

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.

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: _____

CITY COUNCIL – FINAL APPROVAL
Public Hearing Date_____

_____ A permit for this event is **approved** by the City of Camas.

_____ A permit for this event is **denied** by the City of Camas for the reasons listed below.

Mayor/Pro-Tem: _____ Date: _____

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