

City of Caldwell



Submit Application to:
City of Caldwell
ATT: City Clerk
411 Blaine Street
Caldwell, ID 83605
Phone: (208) 455-4656
Fax: (208) 455-3003

Taxicab or Commercial Transportation Vehicle

Business Owner License

_____ New _____ Renewal

Date of Application: _____

Name of Business: _____

Business Address: _____

Business Contact Number: _____

Is the taxicab or commercial transportation business licensed with the Idaho Medicaid Program? _____ Yes _____ No

Is the taxicab or commercial transportation business used for public transportation services in addition to its provision of medical transportation through the Idaho Medicaid program?
_____ Yes _____ No

NOTE: If yes, evidence is required to prove for the City of Caldwell vehicle inspection to be waived.

Name of Applicant (Business Owner): _____

Contact number if different from business number: _____

Former Occupation: _____

Is the business owner currently licensed through the Idaho Medicaid program?

_____Yes _____No

NOTE: If yes, evidence is required for the City of Caldwell background check requirement to be waived. (Idaho Medicaid License must be in current status)

If a partnership, please list names and addresses of partners. (Background check is required for **each partner** unless verification can be shown that the person has a current status with the Idaho Medicaid program license and a background check has been conducted under that program.)

NOTE: The Idaho State Police, Bureau of Criminal Identification fingerprint-based national background check is only required with the initial application. If the applicant renews the license before its expiration date, the FBI background check will not be required with a renewal application.

Partner #1- Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Former Occupation: _____

Partner #2- Name: _____
Address: _____
City: _____ State: _____ Zip: _____

If there are additional partners, please indicate on a separate sheet.

Former Occupation: _____

Is the business LLC or Corporation? _____

If a Corporation, list name: _____

Officers and Directors of Corporation, if applicable:

Amount of capital stock of said Corporation: _____

Name of insurance carrier providing liability and property damage (must be verified with attachment)

Insurance: _____
 Address: _____
 Phone: _____

ACKNOWLEDGEMENTS

Applicant's Initials	
	As owner of the taxicab or commercial transportation business, the applicant is familiar with the Idaho traffic laws.
	As owner of the taxicab or commercial transportation business, the applicant has read through the accompanying Caldwell Taxicab and Commercial Transportation Codes and Ordinances and is familiar with the contents therein.
	<p><u>Required Insurance Coverage:</u></p> <p>Applicant understands that in accordance with Resolution 32-05, all taxicabs or commercial transportation vehicles licensed in the City of Caldwell shall have in force insurance in the amount of a combined single limit of \$300,000 for bodily injury and property damage and also shall have uninsured/underinsured motorist coverage in the amount of \$100,000. These amounts are the minimum requirements and taxicab or commercial transportation vehicle operators may maintain any insurance limits in excess of those established by this resolution.</p> <p>The City of Caldwell must be named as <u>additional named insured</u> on all policies. (No exceptions!)</p>
	<p><u>Vehicle Inspection:</u></p> <p>Applicant understands that no vehicle shall be used as a taxicab or commercial transportation vehicle until the vehicle has been inspected in accordance with the requirements as set forth in the Caldwell Taxicab or Commercial Transportation Vehicle Codes and Ordinances.</p> <p><u>NOTE:</u> All inspection must be conducted no more than <u>three (3) months prior</u> to the submittal of an application. (See City Clerk for the required vehicle inspection form.)</p> <p><u>EXCEPTION: The business is licensed under the Idaho Medicaid program and proof has been provided to waive the City of Caldwell vehicle inspection requirement. (See Caldwell City Code Section 06-11-09)</u></p>
	<p><u>Public Posting Requirements with Taxicab or Commercial Transportation Vehicles:</u></p> <p>Applicant understands that each taxicab or commercial transportation vehicle shall have in full view the following items:</p> <ul style="list-style-type: none"> • State car license number • City license number • Name of business owner(s) • Name of driver • A reduced copy of the City of Caldwell taxicab or commercial transportation vehicle driver's license • Schedule of fares.
	<p><u>Driving Record:</u></p> <p>To determine the suitability of prospective applicants for a taxicab or commercial transportation vehicle business license, each applicant shall submit with his application an</p>

	official Idaho Driver's License Record, obtainable from the Idaho Transportation Department, and issued <u>within thirty (30) days prior</u> to the City Clerk's receipt of the application.
	<p><u>Background Check:</u></p> <p>Pursuant to Idaho Code § 67-3008 and to congressional enactment Public Law 92-544, each applicant shall request from the Idaho State Police, Bureau of Criminal Identification, a fingerprint-based national background check, understanding that said fingerprints will be submitted to the Federal Bureau of Investigation, and directing that the results be sent directly to the City Clerk of the City of Caldwell. The City Clerk is authorized to receive said criminal history information for the purpose of evaluating the applicant's fitness for licensing under this Article.</p> <p>Fingerprint card will be provided to the application by the City Clerk. Please allow approximately 2-3 weeks for processing the background check through the Idaho State Police/FBI agency.</p> <p>EXCEPTION: The business is licensed under the Idaho Medicaid program and proof has been provided to waive the City of Caldwell background check requirement for the business owner & partners [Caldwell City Code Section 06-11-03 (4)]</p>
	<p><u>Privacy Statement</u></p> <p>Applicant must sign the Idaho State Police Bureau of Criminal Identification – Noncriminal Justice Applicant Privacy Statement. (This form remains in the applicant's file in the Office of the City Clerk.)</p>

Please list company vehicle information and provide the clerk's office with a copy of both proof of Insurance and registrations for each vehicle:


Year	Make	Vin #	Seating Capacity	License Plate Number

I hereby certify that all of the above statements are true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

ATTACHMENTS

TO BE SUBMITTED WITH THE APPLICATION

Description of Item	 For office use only
<p>Application Fee: \$25 Paid after license is approved. Make check payable to the City of Caldwell.</p>	
<p>Driver's License: Must be current State of Idaho driver's license.</p>	
<p>One (1) recent passport-sized photograph (2"x2"): Applicant must provide photo to be displayed on the license.</p>	
<p>Federal Bureau of Investigation (FBI) Background Check: Applicant shall request from the Idaho State Police (Bureau of Criminal Identification) a fingerprint-based national background check, understanding that the fingerprints will be submitted to the FBI for investigation. (See attached Privacy Statement from FBI.)</p> <p>Fingerprint card will be provided to the applicant by the City Clerk. Results will be reviewed by the City Clerk and Caldwell Chief of Police. <i>Allow at least 2-3 weeks for processing the background check.</i></p>	
<p>Federal Bureau of Investigation – Privacy Statement: Applicant must sign the Idaho State Police Bureau of Criminal Identification – Noncriminal Justice Applicant Privacy Statement. (This form remains in the applicant's file.)</p>	
<p>Proof of Liability Insurance All taxicabs and/or commercial transportation vehicles licensed by the City of Caldwell shall have insurance in the minimum amount of:</p> <ul style="list-style-type: none"> • A combined single limit of three hundred thousand dollars (\$300,000) for bodily injury and property damage, and • One hundred thousand (\$100,000) uninsured/underinsured motorist coverage. • The City of Caldwell shall be named as additional insured on all policies. 	
<p>Proof of Vehicle Insurance and Vehicle Registration: Documentation for all vehicles used by the applicant in relation to any of the activities covered through this application.</p>	
<p>Idaho Transportation Department – Driving Record: To determine the suitability of prospective applicants for a taxicab or commercial transportation vehicle business license, each applicant shall submit with his/her application an official Idaho Driver's License Record, obtainable from the Idaho Transportation Department, and issued within 30 days prior to the City Clerk's receipt of the application.</p>	
<p>Vehicle Inspections: All vehicles associated with the business must be inspected and forms submitted with the mechanic's certification. All inspections must be conducted no more than three (3) months prior to the submittal of an application. (See City Clerk for the required vehicle inspection form.)</p> <p>EXCEPTION: The business is licensed under the Idaho Medicaid program and proof has been provided to waive the City of Caldwell vehicle inspection requirement. (See Caldwell City Code Section 06-11-09)</p>	

**Taxi Cab or Commercial Transportation Vehicle
Business License**

FOR OFFICE USE ONLY

City Attorney (insurance coverage approval): _____

Chief of Police: _____

City Clerk: _____

City Council Approval: _____

Date of Council Action: _____

COMMENTS

