



# CITY OF SNOHOMISH

*Founded 1859, Incorporated 1890*

116 UNION AVENUE ● SNOHOMISH, WASHINGTON 98290 ● TEL (360) 568-3115 FAX (360) 568-1375

## TAXICAB LICENSE APPLICATION

1. Name of Business: \_\_\_\_\_

2. Name of Applicant: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

3. Full name of Owner (If corporation, the names and addresses of the principal officers):  
\_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

4. Address(es) where the operator's taxi(s) will be based: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List the name(s) and VIN # of each vehicle to be operated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Washington State "for hire vehicle" permit number: \_\_\_\_\_

7. Provide proof of liability insurance and amounts provided.

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Amounts Required:	Liability, bodily injury:	\$100,000 each person	Yes	No
	Liability, bodily injury:	\$300,000 each accident	Yes	No
	Property damage liability:	\$50,000 each accident	Yes	No

8. Authorized drivers, include name, driver's license # and date of birth:

Names	License #	Date of Birth

9. Please contact the Chief of Police for investigation as required by ordinance.

Record checks (required for each driver):

Driving record: \_\_\_\_\_  
Criminal record: \_\_\_\_\_

<i>For Staff Review and Comment only.</i>
City Manager:
Treasurer:
Community Services:
City Planner:
City Engineer:
Chief of Police:
Permit Coordinator:
Clerk: