



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

TAXI FOR-HIRE LICENSE APPLICATION

(Port Orchard Municipal Code 5.56)

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

Name: _____

Current Address: _____

If Less Than 2 Years, Previous Address: _____

Have You Ever Been Convicted of a Felony? Yes No If Yes, Where: _____

Have You Ever Been Convicted of a Misdemeanor? Yes No If Yes, Where: _____

Nature of Charge: _____

Previous License as Taxi Driver or Chauffeur? Yes No If Yes, Where: _____

Has Your Driver's License Ever Been Revoked? Yes No If Yes, Reason: _____

Driver's License No.: _____ State: _____ Date of Birth: _____

Description: Color of Hair: _____ Eyes: _____ Weight: _____ Height: _____

Name of Taxi Company You Work For: _____

Their Complete Address: _____

Their Telephone No.: _____ Name of Owner/Supervisor: _____

I STATE THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 Signature of Applicant

FOR CITY USE ONLY

Date License Denied: _____ Reason: _____

For-Hire License Fee Paid? Yes No Receipt No.: _____ Date issued: _____

Vehicle Taxi-Cab License Issued? Yes No Date Vehicle License Expires: _____

Approved By _____
 Patricia J. Kirkpatrick, City Clerk or designee

Acknowledge Subject has valid Driver's License by: _____ Date: _____
 Alan Townsend, Chief of Police or designee

*** Copy of Current Vehicle Registration must be attached.