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

TAXI CAB COMPANY AND VEHICLE LICENSE APPLICATION

(Port Orchard Municipal Code 5.56)
(Application must be completed by the owner of company or authorized agent)

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:_____ Alternate Number:_____

Hours of Operation: Time:_____ Day:_____

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

_____
Signature of Owner or Authorized Agent

VEHICLE INFORMATION:

Year:_____ Make:_____ Model:_____ License Plate Number:_____

Name of Owner, if Different than Stated Above: _____

Mailing Address, if Different than Stated Above:_____

Telephone Number:_____ Alternate Number:_____

Maximum Occupancy of Vehicle:_____

*TAXI PERMIT **MUST** BE PLACED ON THE REAR BUMPER TO THE LEFT OF THE VEHICLE LICENSE PLATE*

_____
Signature of Owner of Vehicle

FOR CITY USE ONLY

Date License Denied:_____ Reason:_____

Tax Cab Vehicle License Fee Paid? ☐ Yes ☐ No Receipt No.:_____ Date issued:_____

Date Vehicle License Expires:_____ Taxi-Cab Permit No.:_____

Approved By_____
Patricia J. Kirkpatrick, City Clerk or designee