



**VEHICLES FOR HIRE – DRIVER APPLICATION**

CITY OF KLAMATH FALLS DEVELOPMENT SERVICES

226 S. 5<sup>th</sup> Street; Klamath Falls, OR 97601  
Phone (541) 883-4950; Fax (541) 883-5390  
businesslicense@klamathfalls.city

**LICENSE INFORMATION**

Name of Applicant Business – DBA \_\_\_\_\_

- Type of License:  Transportation Network Driver (TND) - \$50.00     Taxi Driver - \$0.00  
 Limousine Driver - \$0.00     Medical Transport Driver - \$0.00

**APPLICANT INFORMATION**

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Business Name (if different than above) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Company Emergency Contact Name and Phone Number \_\_\_\_\_

**INSURANCE REQUIREMENTS**

- Written Notice of Compliance from Operator** – Attached is a Written Notice of Compliance from the operator (Business Owner) stating I have submitted all required documents and meet the terms of Klamath Falls Municipal Code 7.814 (G).

I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provision of Klamath Falls Municipal Code 7.810 through 7.836 governing the license for which I am applying.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

*City use only:*

**Business License Number** \_\_\_\_\_ License Fee \_\_\_\_\_  
 \_\_\_\_\_ Additional Fees \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

Receipt Number	_____
Receipt Date	_____
Payment Method	_____
Your Initials	_____