



VEHICLES FOR HIRE – SUPPLEMENTAL BUSINESS LICENSE APPLICATION

CITY OF KLAMATH FALLS DEVELOPMENT SERVICES DEPARTMENT

226 S. 5th Street; Klamath Falls, OR 97601

Phone (541) 883-4950 businesslicense@klamathfalls.city

Oregon Business Registry No. _____

LICENSE INFORMATION

Name of Applicant Business _____

Doing Business As (DBA) _____

Type of License: ☐ Taxi Company - \$100.00 ☐ Limo Services - \$100.00 ☐ Medical Transportation - \$100.00

APPLICANT INFORMATION

Applicant Full Legal Name _____

Business Address _____

Business Phone Number _____

Business Email _____

Mailing Address (if different) _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Alternate Emergency Contact Name and Phone Number _____

INSURANCE REQUIREMENTS (check box if in compliance – insurance certificate must be provided)

- ☐ Certificate of Insurance – Commercial General Liability for all claims arising out of, but not limited to, bodily injury and property damage (Klamath Falls Municipal Code 7.820 (E))
- \$1,000,000.00 per occurrence
 - \$2,000,000.00 aggregate

APPLICATION REQUIREMENTS:

Please provide a **detailed** response to each of the below items and attach to this form.

- Experience/Qualifications to Engage in Business
- Types of Vehicles to be used (Make/Model if available)
- Financial Ability to Conduct Business
- Proposed Rates
- Public Interest in Business

By signing the below, I certify that true and correct information has been provided on this application. I further certify that I have read and am knowledgeable of the Klamath Falls Municipal Code Sections 7.810-7.836 (the Vehicle for Hire Act) 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 _____

Staff Initials _____