*****For Official Use Only*****

Case #_____

Spillman Rpt #_____

License #_____

APPLICATION FOR TAXICAB OPERATOR'S LICENSE OR RENEWAL

Pullman City Code 6.94.030 requires every person who performs a taxicab service in the City of Pullman to obtain a taxicab operator's license or a taxicab owner's license, and as per Pullman City Code 6.94.040, such license is by application to the City before any person may perform taxicab service within the City of Pullman.

Non-refundable application fee due upon submission of this application.

☐ Original Application Fee = $100.00 **☐ Annual Renewal Fee = $100.00**

Please be complete in your application. Inaccurate or incomplete applications may be grounds for denial.

TAXICAB OPERATOR APPLICANT:

Driver Name (Please Print):

_____ / _____ / _____

LAST NAME FIRST NAME MIDDLE NAME

Driver Home Address: _____

STREET ADDRESS

_____ _____ _____

CITY STATE ZIP CODE

Home Telephone: _____ _____

AREA CODE NUMBER

Work Telephone: _____ _____

AREA CODE NUMBER

Date of Birth (MM/DD/YYYY): _____

Drivers' License #: _____ State of Issue: _____

Email Address (optional): _____

TAXICAB COMPANY FOR WHICH YOU DRIVE:

Business Name: _____

(PLEASE PRINT NAME EXACTLY AS LICENSED BY STATE OF WASHINGTON)

Business Address: _____

STREET ADDRESS

_____ _____ _____

CITY STATE ZIP CODE

Business Telephone: _____ _____

AREA CODE NUMBER

Business Owner Name(s): _____

***

APPLICANT HISTORY:

A. Criminal History – General

Please list all previous arrests for any crimes (regardless of whether convicted or not), any criminal citations issued to you (even if you were not taken into physical custody), any criminal charges filed against you by any court, and any convictions of any crime(s) within the last three (3) years on the following list, beginning with the most recent:

DUI, Physical Control, Open Container [Of Alcohol] in Vehicle, Disguising Alcoholic Beverage Container, Vehicular Homicide, Vehicular Assault, Negligent Driving 1st Degree, Negligent Driving 2nd Degree, Roadway Construction Zone violations, Racing on Public Street, DUI involving a Commercial Vehicle, any felony (except sex offenses – see Section B), any crime involving physical violence against persons, or any similar or equivalent crime in another state or other foreign jurisdiction.

Arrests, Charges Filed, and/or Convictions	City, County and State	Date

B. Criminal History – Sex Crimes

Please list all previous arrests for any sex-related crimes (regardless of whether convicted or not), any criminal citations issued to you (even if you were not taken into physical custody), any criminal charges filed against you by any court, and any convictions of any sex-related crime(s) which occurred at any time on the following list, beginning with the most recent:

Rape, Rape of a Child, Child Molestation, Sexual Misconduct with a Minor, Indecent Liberties, Sexual Misconduct with a Corpse, Voyeurism, Sex Offender Registration Violations, Kidnapping Offender Registration Violations, Custodial Sexual Misconduct, Criminal Trespass Against Children, Indecent Exposure, Prostitution, Promoting Prostitution, Promoting Travel for Prostitution, Permitting Prostitution, Patronizing Prostitution, or any similar or equivalent crime in another state or other foreign jurisdiction.

Arrests, Charges Filed, and/or Convictions	City, County and State	Date

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APPLICANT HISTORY (continued):

C. Traffic Violations

Please list all previous traffic tickets you have received within the past three (3) years. These should including traffic citations or notices of infractions. Do not include parking tickets.

Violation	City, County and State	Date

D. Address History

Please list all cities and counties where you have lived at previous residences for the past ten (10) years:

Address of Residence	City, State & Zip Code	Dates	
		From (Month/Year)	To (Month/Year)

PERJURY STATEMENT:

I hereby certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this _____ day of _____, 20_____.

_____
APPLICANT SIGNATURE

_____
PRINTED NAME

***

STATEMENT IN SUPPORT OF OBTAINING/RENEWING LICENSE TO OWN OR OPERATE TAXICAB IN PULLMAN, WASHNGTON

EACH APPLICANT MUST COMPLETE THIS FORM

I, _____, hereby certify that I have read Pullman City Code Chapter 6.94, and as required in Pullman City Code 6.94.090, am not disqualified from obtaining or renewing a taxicab owner's or operator's license under that ordinance. Specifically, I have not been convicted of, found guilty of, pled guilty to, or admitted to the elements of any of the following enumerated crimes or any substantially similar provision of foreign criminal violation notwithstanding the form of judgment within three (3) years immediately prior to date of this application for license or license renewal; including any violation under: RCW 46.61.502 through RCW 46.61.540 (including but not limited to DUI, Vehicular Homicide, Vehicular Assault and Negligent Driving), RCW 46.25.120 (DUI in a commercial vehicle), any felony crime, any crime of physical violence against persons, including but not limited to battery and domestic battery, any violation under RCW 46.37 (Vehicle Lighting and Other Equipment), any crimes under RCW 9A.44 (Sex Offenses) or Chapter 9A.88 (Indecent Exposure-Prostitution). I also hereby certify that my driver's license status is not currently Suspended or Revoked by the Washington State Department of Licensing or the licensing authority of any other state, and I understand that any Suspension or Revocation of my driver's license shall result in the denial of application and/or automatic revocation of my Taxicab Operator's License, effective as of the date of such driver's license suspension or revocation. I also hereby certify that the vehicle(s) used to provide taxicab services by my business complies with RCW 46.37 (Vehicle Lighting and Equipment) and shall continue to be maintained in compliance with the law at all times.

PLEASE PRINT CLEARLY

Applicant Name:_____ / _____ / _____
LAST NAME FIRST NAME MIDDLE NAME

Date of Birth (MM/DD/YYYY):_____

Drivers' License #: _____ State of Issue:_____

I hereby certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ _____
APPLICANT SIGNATURE DATE

***

*****For Official Use Only*****

TAXICAB LICENSING RECORDS CHECKLIST

Applicant Name: _____ _____ _____
LAST FIRST MIDDLE

Applicant DOB: _____ Company Name: _____
MM/DD/YYYY

Spillman Name #: _____ Spillman Case #: _____

RECORDS CHECKLIST	DATE	INITIALS
☐ Copy of License Fee Receipt Attached		
☐ Copy of Driver's License Attached		
☐ DOL ADR (***to be provided by applicant***)		
☐ Spillman Printout		

****When completed, forward paperwork to Support Services Manager****

SUPPORT SERVICES MANAGER CHECKLIST	DATE	INITIALS
☐ WATCH		
☐ Idaho Courts		
☐ Other (Describe)		

****When completed, forward paperwork to Detective Sergeant****