

For Official Use Only				
Case #				
Spillman Rpt #				
License #				
· · · · · · · · · · · · · · · · · · ·				

APPLICATION FOR TAXICAB OWNER'S LICENSE OR RENEWAL ADDENDUM "A" – Additional Business Owner Information

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.

the only of 1 difficult.				
Non-refundable application f				\$100.00
Please be complete in your ap	plication. Inaccura	ate or incomplete	applications may b	e grounds for denial.
BUSINESS:				
Business Name:(PLEAS	SE PRINT NAME EXA	CTLY AS LICENSE	O BY STATE OF WASH	NGTON)
	JE I KIKI NAME EXA	OTET AG LIGENGE	DI GIAIL OF WAOII	NOTON,
Business Physical Address:	STREET ADDRESS	3		
	CITY		STATE	ZIP CODE
Duninga Mailing Address				
Business Mailing Address:	STREET ADDRESS	3		
	CITY		STATE	ZIP CODE
Business Phone:		Fax:		
State of Washington UBI Num	ber:			
BUSINESS OWNER:				
Business Owner Name (Please	e Print):			
	/	FIRST NAME	/	
LAST NAME		FIRST NAME	MIE	DDLE NAME
Business Owner Home Addres				_
	STREET ADDRESS	5		
	CITY		STATE	ZIP CODE
Home Phone:			Date of Birth:	
Drivers' License #:			State of Issue	e:
Email Address (optional):				

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

APPLICANT HISTORY (continued):

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

			<u> </u>			
. Address Histo			d -1	. (1) -		(40)
lease list all cities	and counties wher	e you have live	d at previous residences	for the	past ten	(10) years
Address of Residence	ce	City, State	& Zip Code		Da From	tes To
				nth/Year)	(Month/Yea	
ED HIDV STA	TEMENT.					
ERJURY STA	I EIVIEIN I :					
		alty of perjury u	nder the laws of the Sta	te of W	ashingto	n that the
regoing is true ar	nd correct.					
ated 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

l,			, hereby certify	that I have	read Pullman
City Code Chapter	6.94, and as require	red in Pullm	an City Code 6.94	.090, am no	ot disqualified
from obtaining or re	enewing a taxicab o	owner's or c	perator's license ι	under that o	ordinance.
Specifically, I have					
elements of any of					
foreign criminal viol	ation notwithstand	ling the form	of judgment withi	n three (3)	years
immediately prior to					
under: RCW 46.61					
Homicide, Vehicula					
vehicle), any felony					
limited to battery ar					
Other Equipment),					
Exposure-Prostitution					
Suspended or Revo					
authority of any oth					
license shall result i					
Operator's License, also hereby certify t					
with RCW 46.37 (V					
compliance with the		z Equipmen	i) and Shall Contint	ie io be ma	iiilaiileu iii
compliance with the	, law at all tillies.				
PLEASE PRINT CI	_EARLY				
Applicant Name:		1		1	
Applicant Name:	LAST NAME	/	FIRST NAME	/	MIDDLE NAME
Date of Birth (MM/D)D/YYYY):				
D :			•		
Drivers' License #:			S	tate of Issue	e:
I hereby certify an	d declare under r	nenalty of n	eriury under the	laws of the	e State of
Washington that the				iawo or the	
J					
APPLICANT SIGNATURE				DATE	
ALLEGANI SIGNATURE					

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 <u>INITIALS</u> 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 <u>INITIALS</u> WATCH Idaho Courts Other (Describe) ***When completed, forward paperwork to Detective Sergeant***