



Application for City Taxi/Ride Share/Limousine License

City of Baker City
PO Box 650
Baker City, OR 97814
541-524-2033

Application Fee: \$50.00

Taxi/Ride-Share/Limousine Fee: \$100.00 biannually

Temporary License: \$7.50 weekly

Date Paid: _____

Approved: Y or N by: _____

Applicant Information - (must be legible)		
Business/Organization Name:		
Business Address:		
Applicant/Owner's Name:		
Applicant/Owner's Address:		
Phone:	Driver's License #:	State:
DOB:	Height/Weight:	Eyes/Hair:
Number of vehicles owned/operated by owner:		
Number of vehicles for which license is desired:		
Number and suggested location of taxi/ride-share/limousine stands if sought:		

List each taxi/ride-share/limousine as follows:				
Make	Type	Year	Passenger Seating Capacity	Insurance Company and Policy Number
1.				
2.				
3.				
4.				
5.				

Has the applicant (or any employees of the applicant) ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance or state law (other than minor traffic and parking offenses)? Yes: _____ No: _____
 If yes, please state the nature of the offense(s) and the punishment or penalty set:

Authorization

The answers to each and all of the above questions are true and complete to the best of my knowledge and belief. I am aware that any misstatements of material fact may cause the rejection of the application, and I may be disqualified from receiving any license from Baker City.

Signature: _____

Date: _____