



VEHICLES FOR HIRE – SUPPLEMENTAL BUSINESS LICENSE APPLICATION

CITY OF KLAMATH FALLS DEVELOPMENT SERVICES

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

Oregon Business Registry Number

LICENSE INFORMATION

Name of Applicant Business – DBA _____

Type of License: Taxi Company - \$100.00 Limo Company - \$100.00 Medical Trans Company - \$100.00

APPLICANT INFORMATION

Full Legal Name _____

Mailing Address _____

Phone Number _____ Email _____

Emergency Contact Name and Phone Number _____

Business Name (if different than above) _____

Business Address _____

Business Phone Number _____

Company Emergency Contact Name and Phone Number _____

INSURANCE REQUIREMENTS

- 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

Experience / Qualifications to Engage in Business _____

Proposed Rates _____

Description of Equipment to be used _____

Financial Ability to Conduct Business _____

Public Interest in Business _____

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	_____