



# VEHICLE FOR HIRE OPERATING LICENSE APPLICATION

City of Sisters

520 E. Cascade Ave.

P.O. Box 39

Sisters, OR 97759

(Required Under Sisters Municipal Code Chapter 5.40)

Check One:

INITIAL

RENEWAL

## COMPANY INFORMATION

Company Name (including DBA):	Company Telephone No.:
Company Address:	Type of Company (Check One): <input type="checkbox"/> Taxi Company <input type="checkbox"/> TNC
Company Owner(s) (if applicable):	Business License No.:

## INSURANCE

Please attach certificates of insurance (and endorsements) evidence company's compliance with Sisters Municipal Code Chapter 5.40.040.

## FEES

Please mark the applicable fee:  0-10 Drivers \$0.00  11-20 Driver \$50.00  20 or more Drivers \$100.00  
*This application will not be deemed complete unless and until the applicable application fee has been received by the City. Fees are based on the number of Company drivers.*

## CERTIFICATION

- The undersigned Applicant (or authorized agent) hereby declares, certifies, and agrees under penalty of perjury as follows: (a) Applicant and each driver are in compliance and will comply with all applicable federal, state, and/or local laws, regulations, and/or ordinances, including, without limitation, all applicable standards and requirements under Sisters Municipal Code Chapter 5.40; (b) Applicant and each driver are in compliance with all insurance requirements under Sisters Municipal Code Section 5.40.040; (c) all information contained in this application is true, accurate, and complete in all respects; (d) Applicant has read, understands, and agrees to abide by City of Sisters Municipal Code Chapter 5.40; and (e) if Applicant is an entity, the authorized agent has the requisite power and authority to sign and submit this application on behalf of Applicant.
- The undersigned Applicant acknowledges and agrees that this application may be returned as incomplete, denied, and/or the company's license revoked for making false statements in connection with this application. By signing this application, the undersigned Applicant attests that he or she has legal authority to act on behalf of the company named above.

Applicant's Signature:	Date of Application:
Authorized Local Agent/Representative's Signature (if applicable):  By signing above, the above signed person agrees to serve as agent for the Applicant/company subject to this application and will accept service of process, notice, and/or demand on behalf of the Applicant/business subject to this application.	Name and Address of Authorized Local Agent/Representative (if applicable):

## FOR OFFICE USE ONLY

Date Received: _____ Receipt No.: _____ Approve: Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount of Fee Paid: _____ Business License No.: _____ Vehicle for Hire License No.: _____
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*This application is a public record. The City of Sisters will exempt from disclosure only information of a sensitive and confidential nature to the extent permitted by the Oregon Public Records Law (ORS 192.410-192.505, as amended) and other applicable laws.*