



\*\*\*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.

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

☐ **Original Application Fee = \$43.00**

☐ **Annual Renewal Fee = \$15.00**

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

### **BUSINESS:**

Business Name: \_\_\_\_\_  
(PLEASE PRINT NAME EXACTLY AS LICENSED BY STATE OF WASHINGTON)

Business Physical Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

Business Mailing Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

State of Washington UBI Number: \_\_\_\_\_

### **BUSINESS OWNER:**

Business Owner Name (Please Print):

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

Business Owner Home Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers' License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

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## **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 1<sup>st</sup> Degree, Negligent Driving 2<sup>nd</sup> 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 |
|--|------------------------|------|
|  |                        |      |
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### **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 include traffic citations or notices of infractions. Do not include parking tickets.

| Violation | City, County and State | Date |
|-----------|------------------------|------|
|           |                        |      |
|           |                        |      |
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|           |                        |      |

**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<br>(Month/Year) | To<br>(Month/Year) |
|                      |                        |                      |                    |
|                      |                        |                      |                    |
|                      |                        |                      |                    |
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|                      |                        |                      |                    |
|                      |                        |                      |                    |

**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

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

### 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

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## TAXICAB LICENSING RECORDS CHECKLIST

|                  |                      |                                    |                      |
|------------------|----------------------|------------------------------------|----------------------|
| Applicant Name:  | <input type="text"/> | <input type="text"/>               | <input type="text"/> |
|                  | LAST                 | FIRST                              | MIDDLE               |
| Applicant DOB:   | <input type="text"/> | Company Name: <input type="text"/> |                      |
|                  | MM/DD/YYYY           |                                    |                      |
| Spillman Name #: | <input type="text"/> | Spillman Case #:                   | <input type="text"/> |

### RECORDS CHECKLIST

|   | <u>DATE</u>          | <u>INITIALS</u>      |
|---|----------------------|----------------------|
| <input type="checkbox"/> Copy of License Fee Receipt Attached                 | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Copy of Driver's License Attached                    | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> DOL ADR ( <b>***to be provided by applicant***</b> ) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Spillman Printout                                    | <input type="text"/> | <input type="text"/> |

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

### SUPPORT SERVICES MANAGER CHECKLIST

|   | <u>DATE</u>          | <u>INITIALS</u>      |
|---|----------------------|----------------------|
| <input type="checkbox"/> WATCH            | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Idaho Courts     | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Other (Describe) | <input type="text"/> | <input type="text"/> |

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

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