



City of Hermiston
180 NE 2nd Street
Hermiston, OR 97838
Phone: 541-567-5521
Fax: 541-567-5530
www.hermiston.or.us

Taxicab Company Certificate Application

Date: ____/____/____

Business Information:

Company Name: _____

Owner's Name: _____
(Last) *(First)* *(M. I.)*

Address: _____ City: _____ State: _____

Please list any violation, misdemeanor, or felony convictions, the nature of the offense, and the punishment or penalty assessed for the owner(s) and/or any officers of the taxicab company. Attach additional sheets as necessary.

Please attach proof of insurance in the manner and form required by the City of Hermiston Taxicab Licensing Code from a responsible, solvent insurance carrier authorized to issue public liability and property damage insurance in the State of Oregon.

Applicant's Signature

OFFICE USE ONLY

\$50 Fee Paid: Yes No **Police Chief Review:** Yes No

It is recommended the application be: Approved Disapproved

Signature: _____ Date: _____

Taxicab Company Vehicle Inventory

Make: _____ Model: _____ Year: _____

VIN: _____ Seating Capacity: _____

Describe color scheme, insignia, trademark, or any other distinguished characteristics of the vehicle:

Make: _____ Model: _____ Year: _____

VIN: _____ Seating Capacity: _____

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