

King County Records and Licensing Services Division 201 S Jackson Street #206 Seattle, WA 98104 FORHIREDRIVER@KINGCOUNTY.GOV

ANNUAL TAXICAB ASSOCIATION LICENSE APPLICATION

Please complete the form and provide the requested information for your Taxi Association. King County Code 4A.750.100 requires an annual fee to be collected from Taxi Association operating within King County. In addition please provide the information below to ensure we have the most current business information for your company.

TAXICAB ASSOCIAT	TION OWNER	SHIP INFORMATION [KCC 6.0	64.141 A]							
Legal Name of Taxi Association										
Form of Business Entity (e.g. corporation, partner	ership)									
Trade Name		Additional Trade Name		UBI						
TAXI ASSOCIATION	OWNER/OF	FICERS/AGENTS								
Full Name	Title	Home Address	City, State Zip	Phone	DOB MM/DD/YY					
TAXICAB ASSOCIAT	Attach a copy of the incorporation documents filed with the Secretary of State. Add additional lines if necessary. TAXICAB ASSOCIATION REPRESENTATIVES/ALTERNATES									
Full Name	Title	Home Address	City, State Zip	Phone	DOB MM/DD/YY					
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BUSINESS OFFICE INFORMATION

Business Address		City, State ZIP
Mailing Address		City, State ZIP
Open at: 0:00	□am □pm Close At: 0:00 □am □pm	Days open
Business Office Phone		Business Dispatch Phone
Business Office Fax		Business Dispatch Fax #
Email Address		Web Site Address
Contact for Data Reporting	Phone	Email Address

TAXICAB ASSOCIATION RATES [KCC 6.64.760]

Fixed Rates

Drop:	\$2.60	Per 1/9 Mile:	\$0.30	Per Min. Wait:	\$0.50	Extra Passenger:	\$0.50
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Special Rates

Senoir Citizens:	% discount off meter	Handicapped	% discount off meter	Description	% discount off meter
	%		%		%

Flat Rate to Airport

\$

A Certificate of Compliance is on file for every new taximeter installed since the National Type Evaluation Program (NTEP) of the National Conference on Weights and Measures became effective in Washington.

CONTRACT RATES & Any other special rates

Name	Address	City, State Zip	Name of Representative	Phone	Fax	Rate	Conditions	Effective Date
								MM/DD/YY

ACCEPTABLE METHODS OF PAYMENTS (Yes/No & Comments)

VISA	MC		Money Orders	Metro Scrip	Canadian	Other	Comments

	NOTE: Per 6.64.760 C:			ATCH COMP or provide a pl		onstration	of the rate structu	re and its' transparenc	y.It will be sub	bject to a	approval of th	e director.		
	Phone Application Com	pany Name, A	ddress, Em	ail										
-														
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-														
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L	Only use as many rows a	AFFILIATE as needed then			f application	n								
	Vehicle Taxicab #	Name of Re		Addre	ess	Ci	ty, State Zip	WA State Issued	Vehicle		Model Year	Vehicle Make	License Type(s) Held	(Dual,
	Assigned by The City	Owner/ Licen						License Plate #	Identificat				City or County)	
	of Seattle	First, 1	MI						Number (V	/IN)				
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3														
4														
5														
6														
7														
8														
שו חו														
	Please provide two 2-inc	ch x 2-inch sam					IE [KCC 6.64.14] ohs (front view, real	` ' -) of taxicab pa	inted wi	th the color so	cheme and logo.		
L	Vehicle Color Scheme C	Comments												
ſ	Base Color	Parte	of Vehicle		Second Co	lor	Parts of Vehicle		String	Color		Logo		
-	Dasc Color	1 arts	or venicle		Second Co.	101	Tarts of vehicle		Surpe	COIOI		Logo		

TAXICAB ASSOCIATION YEARLY LICENSE FEES [KCC 4A.750.100]

Fee Type	Fee Amount	Explanation							
Annual	\$65	One to Fifteen Vehicles (NOTE: Association must own or represent at least 15 taxicabs)							
	\$125	Sixteen to Twenty Five Vehicles							
	\$250	Twenty-six or More Vehicles							
	\$100	Late Fee							
	the training provider and location								
PLEASE COMPLET	E THE SECTION BELOW AND	OBTAIN SIGNATURES. SUBMIT COMPLETE FORM TO KING COUNTY RECORDS AND LICENSING							
	CERTIFICATION OF TAX mation provided on this application	OBTAIN SIGNATURES. SUBMIT COMPLETE FORM TO KING COUNTY RECORDS AND LICENSING CICAB ASSOCIATION REPRESENTATIVES [KCC 6.64.141] on is true and complete. I understand that incomplete applications and applications with material missstatements or omissions may be subject							
I certify that the infor	CERTIFICATION OF TAX mation provided on this application	ICAB ASSOCIATION REPRESENTATIVES [KCC 6.64.141] on is true and complete. I understand that incomplete applications and applications with material missstatements or omissions may be subject							
I certify that the infor	CERTIFICATION OF TAX mation provided on this application 151 B(2)] Signature of Taxicab Association Representation	ICAB ASSOCIATION REPRESENTATIVES [KCC 6.64.141] on is true and complete. I understand that incomplete applications and applications with material missstatements or omissions may be subject							

PRINT NAME	SIGNATURE	EMAIL ADDRESS