King County
Records and Licensing Services Division
500 4th Avenue, Room 403 Seattle, WA 98104
FORHIREDRIVER@KINGCOUNTY.GOV

ANNUAL TAXICAB ASSOCIATION LICENSE APPLICATION

Directions: Please complete all parts of this application and save onto a CD or alternative data storage device. Incomplete applications and applications with material misstatements or omissions will be denied [KCC 6.64.151].

TAXICAB ASSOCIATION OWNERSHIP INFORMATION [KCC 6.64.141 A]

Legal Name of Taxicab Association					
Form of Business Entity (e.g. corporation, partnership)					
Trade Name		Additional Trade Name		UBI	

TAXICAB ASSOCIATION OWNER/OFFICERS/AGENTS

Full Name	Title	Home Address	City, State Zip	Phone	DOB MM/DD/YY

Attach a copy of the incorporation documents filed with the Secretary of State.
Attach additional lines if necessary.

TAXICAB ASSOCIATION REPRESENTATIVES/ALTERNATES

Full Name	Title	Home Address	City, State Zip	Phone	DOB MM/DD/YY

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**

Special Rates

Senoir Citizens:	% discount off meter	Handicapped	% discount off meter	OTHER	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	AMEX	Traveler's Checks	Personal Checks	Money Orders	Metro Scrip	Canadian	Other	Comments

APPLICATION DISPATCH COMPANY

NOTE: Per 6.64.760 C: The association shall file or provide a physical demonstration of the rate structure and its' transparency.It will be subject to approval of the director.

Phone Application Company Name, Address, Email

AFFILIATED TAXICABS

Only use as many rows as needed then advance to next section of application

	Vehicle Taxicab # Assigned by The City of Seattle	Name of Registered Owner/ Licensee Last, First, MI	Address	City, State Zip	WA State Issued License Plate #	Vehicle Identification Number (VIN)	Model Year	Vehicle Make	License Type(s) Held (Dual, City or County)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

TAXICAB ASSOCIATION VEHICLE COLOR SCHEME [KCC 6.64.141 A(3)]

Please provide two 2-inch x 2-inch sample color chips and diagram or color photographs (front view, rear view and side view) of taxicab painted with the color scheme and logo.

Vehicle Color Scheme Comments	

Base Color	Parts of Vehicle	Second Color	Parts of Vehicle	Stripe Color	Logo

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

Fee Type	Fee Amount	Explanation
Annual	$125	One to Fifteen Vehicles (NOTE: Association must own or represent at least 15 taxicabs)
	$250	Sixteen to Twenty Five Vehicles
	$500	Twenty-six or More Vehicles
	$100	Late Fee

Does your Association require Driver Training in addition to the City/County driver application requirements? ☐ Yes ☐ No

If yes, please provide the training provider and location of training:

PLEASE COMPLETE THE SECTION BELOW AND OBTAIN SIGNATURES. SUBMIT COMPLETE FORM TO KING COUNTY RECORDS AND LICENSING

CERTIFICATION OF TAXICAB ASSOCIATION REPRESENTATIVES [KCC 6.64.141]

I certify that the information provided on this application is true and complete. I understand that incomplete applications and applications with material missstatements or omissions may be subject to denial. [KCC 6.64.151 B(2)]

Signature of Taxicab Association Representative

Date

TAXICAB ASSOCIATION REPRESENTATIVE AND ALTERNATE SHEET

Please complete and submit with application CD or alternative data storage device

PRINT NAME	SIGNATURE	EMAIL ADDRESS