



<b>OFFICIAL USE ONLY</b>
Application Rec'd:
Fingerprints Rec'd:
Application Approved:
License Granted/Denied:
License Issued:

## Non-Exclusive Taxicab License Application

Complete applications can be submitted by mail or hand delivery to City of Ketchum Police Department, P.O. Box 3008, 480 East Ave. N., Ketchum, ID 83340. If you have questions, please contact Administrator Holly Cole at [hcole@co.blaine.id.us](mailto:hcole@co.blaine.id.us) (208) 726-7819. Application fee of \$25 and fingerprinting fee of \$45 must accompany this application. **Complete application, payment and supporting documents must be received for license approval.**

APPLICANT INFORMATION			
Name:			
Date of Birth:		Social Security Number:	
Physical Address:			
Business Address:			
Mailing Address:			
Business Telephone:		Cell Phone:	
Email:			
Are you the owner of the business?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a conviction, deferred sentence or withheld judgement of felony or misdemeanor within the last three years? (If yes, explain on separate sheet.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a taxicab license, permit or franchise revoked by any other governmental jurisdiction with the preceding ten years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of operating a taxicab without automobile insurance within the preceding ten years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PARTNER/CORPORATION INFORMATION (if applicable):			
Name:		<input type="checkbox"/> Partner <input type="checkbox"/> Stockholder	
Date of Birth:		Social Security Number:	
Physical Address:			
Mailing Address:			
Cell Phone:		Email:	
Are you the owner of the business?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a conviction, deferred sentence or withheld judgement of felony or misdemeanor within the last three years? (If yes, explain on separate sheet.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a taxicab license, permit or franchise revoked by any other governmental jurisdiction with the preceding ten years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of operating a taxicab without automobile insurance within the preceding ten years?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name:</b>	<input type="checkbox"/> Partner <input type="checkbox"/> Stockholder	
Date of Birth:	Social Security Number:	
Physical Address:		
Mailing Address:		
Cell Phone:	Email:	
Are you the owner of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a conviction, deferred sentence or withheld judgement of felony or misdemeanor within the last three years? (If yes, explain on separate sheet.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a taxicab license, permit or franchise revoked by any other governmental jurisdiction with the preceding ten years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of operating a taxicab without automobile insurance within the preceding ten years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>OPERATING MANAGER OF TAXICAB BUSINESS</b>		
Name:		
Physical Address:		
Mailing Address:		
Business Telephone:	Cell Phone:	
Email:		
How many vehicle licenses are you applying for with this application? <b>ATTACH TAXICAB VEHICLE LICENSES OR LICENSE APPLICATIONS.</b>		
<b>COMMUNICATION</b>		
Does the applicant's taxicab business have a central two-way radio dispatch system? If yes, describe system, location and operations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>RENEWALS</b>		
Expiration Date of Current License:		
<b>ADDITIONAL REQUIREMENTS</b>		
<input type="checkbox"/> At a minimum, service must be provided from 7:00 a.m. to 3:00 a.m. 365 days per year.		
<input type="checkbox"/> Attach proof of liability insurance.		
<input type="checkbox"/> Attach photograph of proposed taxicab vehicles.		
<input type="checkbox"/> Attach a rate card or sticker (no smaller than 6' x 8"), printed in legible type, stating the taxicab fees.		
<input type="checkbox"/> Attach completed vehicle license applications including fees.		
<input type="checkbox"/> Attach Vehicle Inspection Sheets.		

Applicant agrees to observe all City ordinances, laws and conditions imposed. Applicant agrees to defend, hold harmless and indemnify the City of Ketchum, its officers and employees from all liability claims, suits and costs arising from incidents or accidents occurring under this permit. Applicant certifies that s/he has read and examined this application and that all information contained herein is true and correct.

Applicant Signature

Date