



City of Albany, Oregon

TAXICAB/MEDICAL TRANSPORT BUSINESS LICENSE APPLICATION

___ Taxi

___ Medical Transport

Business Name _____

Business Registry # _____

Business Owner Name _____

Address _____

City, State _____ Zip _____

Driver License and Type _____

Phone (*business*) _____ Phone (*personal*) _____

Email _____

If partnership or joint venture:

Partner's name _____

Address _____

City, State _____ Zip _____

Phone (*business*) _____ Phone (*personal*) _____

Email _____

Partner's name _____

Address _____

City, State _____ Zip _____

Phone (*business*) _____ Phone (*personal*) _____

Email _____

(If there are additional partners, please attach a sheet with the names and addresses listed.)

Signature of applicant _____

The operator shall carry insurance of no less than \$500,000 per accident.

Split-limit coverage will not be accepted.

Payment received _____

Proof of insurance submitted _____

Approval _____