



# Vehicle for Hire License Application

(For office use only) License #:
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## Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513  
503-588-6256 \* [baspac@cityofsalem.net](mailto:baspac@cityofsalem.net)

If you need help understanding this information, please call 503-588-6256.

Si necesita ayuda para comprender esta información, por favor llame 503-588-6256.

## License information

Name of business	
Type of license	Taxi company Transportation network company Wheelchair coach

## Applicant information

	Applicant	Employer
Name		
Mailing address		
Phone number		
Email address		

## Terms and conditions

**Insurance documents:** I have attached a copy of my insurance documents demonstrating that I meet the minimum insurance covered outlined in SRC 30.710.

**Correct information:** I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of the Code governing the license for which I am applying.

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form.

I agree (initials): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_