



**City of Camas**  
**Certificate of Public**  
**Convenience and Necessity**  
 616 NE 4<sup>th</sup> Ave. Camas, WA 98607  
 (360) 834-2462 Fax: (360) 834-1535

*For Office Use Only:*  
 Date Recv'd: \_\_\_\_\_  
 Fee Collected: \_\_\_\_\_  
 Receipt#: \_\_\_\_\_  
 Received By: \_\_\_\_\_

**Taxicab Business Application**

Camas municipal code, 5.32, requires all businesses within the city limits whose service is to provide vehicles for hire must obtain a Certificate of Public Convenience and Necessity. An application must be submitted to the Finance Department so as a public hearing can set to approve or deny the application. Please be complete in your application. False or fraudulent applications are grounds for denial.

**Business:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Owner/Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State issued: \_\_\_\_\_

**Financial Status:** List all unpaid judgments against you or the business. Please describe the nature of the transaction or acts giving rise to the judgments.

<u>Business Name</u>	<u>Amount</u>	<u>Description</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**List your experience relating to the business of transporting passengers:**

<u>Company/Business Name:</u>	<u>Time period:</u>	<u>Duties preformed:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Vehicle Information:**

Every taxicab licensed under the provisions of this chapter shall have the name with or without a logo design approved by the city, of the company plainly displayed in letters on each side of the vehicle. Owner must attach an image of markings with application.

Is attached: **YES / NO**

Number of vehicles being operated or controlled by business: \_\_\_\_\_

<b>Vehicle 1:</b> Passenger Capacity:_____
Make_____ Model_____ Year_____
VIN_____ License Plate_____ Color_____

<b>Vehicle 2:</b> Passenger Capacity:_____
Make_____ Model_____ Year_____
VIN_____ License Plate_____ Color_____

<b>Vehicle 3:</b> Passenger Capacity:_____
Make_____ Model_____ Year_____
VIN_____ License Plate_____ Color_____

<b>Vehicle 4:</b> Passenger Capacity:_____
Make_____ Model_____ Year_____
VIN_____ License Plate_____ Color_____

<b>Vehicle 5:</b> Passenger Capacity:_____
Make_____ Model_____ Year_____
VIN_____ License Plate_____ Color_____

**STATEMENT IN SUPPORT OF OBTAINING/RENEWING LICENSE TO OWN OR OPERATE TAXICAB IN CAMAS, WASHINGTON**

I \_\_\_\_\_, hereby certify that I have read and understand the Camas City code chapter 5.32. If the certificate is granted, I hereby agree to abide by all of the conditions set forth by the City of Camas. I have been informed that if I, or my agents/employees that represent me, fails to abide by the permit conditions, the City of Camas may revoke the permit for Certificate of Public Convenience and Necessity.

I further understand that proof of insurance must be provided to the City of Camas. Pursuant to the provisions of the Cams Municipal Code 5.32, before a permit may be issued the applicant will be required to execute a certificate of insurance evidencing liability insurance as required by Washington State Law on each and every taxicab owned or leased and used in the conduct of the operators business. The City reserves the right to revoke the Certificate of Public Convenience and Necessity if proper evidence of insurance is not maintained on each of the taxicabs owned or leased or used by the applicant. The City further reserves the right to stop any and all activity if the condition of the vehicle(s) endangers the general health or safety of its customers.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b><i>For Official Use:</i></b>	
Date of Public Hearing: _____	
<input type="checkbox"/> Approved by the City of Camas	
<input type="checkbox"/> Denied by the City of Camas	
Mayor: _____	Date: _____
<u>Conditions of Approval (if applicable):</u>	
_____	
_____	
<u>Denial Reasons:</u>	
_____	
_____	
Applicant Notified: _____	By: _____