



# TAXI PERMIT

**City of Sisters**

(As Required Under Sisters Municipal Code Section 5.35)

**520 E. Cascade Ave.**

**P.O. Box 39**

**Sisters, OR 97759**

**www.ci.sisters.or.us**

**Ph (541) 549-6022**

City of Sisters' taxi permits are effective July 1 of the current year until June 30 of the following year.

***This application is for fiscal year July 1, 2013 through June 30, 2014.***

The following items must be attached to this application:

1. Proof of City of Sisters business license.
2. Certificate of title or registration for each vehicle showing the applicant is legal owner.
3. Certificate of Insurance listing the City of Sisters as certificate holder with minimum of \$1,000,000 combined single limit of liability for bodily injury and property damage. Insurance shall be issued and applied to each vehicle for which application is being made. License shall be terminated for failure to maintain insurance.

NAME OF BUSINESS \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICERS OR OTHER PERSONS OF AUTHORITY OVER BUSINESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VEHICLE INFORMATION

MAKE OF VEHICLE	SERIAL NUMBER (VIN)	LICENSE NUMBER	STATE

DESCRIPTION OF STREETS AND HOURS OF THE DAY WHEN TAXI WILL BE STANDING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RATES AND FEES (rate sheet may be attached)

\_\_\_\_\_

\_\_\_\_\_



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### DRIVER INFORMATION

Each driver must receive a City of Sisters' driver's permit. Each driver must have a copy of their driver license on file and furnish a complete set of fingerprints of each hand. A permit may be denied if the applicant has been convicted of a felony or misdemeanor involving moral turpitude, or their driving record clearly demonstrates he/she is not qualified to transport the public with sufficient safety. The City of Sisters will issue a non-transferable driver's permit upon approval and payment of a \$10.00 fee.

DRIVER'S NAME	DRIVER LICENSE NUMBER

I certify that the above information is true and agree to comply with all State, County, and City regulations and ordinances.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

### Office Use Only

Deschutes County Sheriff's Office	Background check
DMV check	Insurance documents
Fees Paid	# Permits Issued