



# City of Stanwood

City Clerk's Office  
10220 270<sup>th</sup> Street NW  
Stanwood, Washington 98292  
(360) 629-2181 Fax: (360) 629-3009

<b>Office Use Only</b>			
Date Received	_____		
License Fees	_____		
Background Check Fee	_____		
Background Check	Yes	No	NA
Copy of Drs. License	Yes	No	NA
Character Statement	Yes	No	NA
Approved:	Yes	No	
Approved by	_____		

## Taxicab Business and Driver Application

**Include the following with the application:**

- Taxicab License Fee: \$25.00 + \$10.00 per vehicle
- Taxicab Operator Fee: \$10.00 per driver
- Taxi Driver Background Check Fee: \$10.00 per driver
- A copy of a current valid driver's license for each driver
- A 2 x 2 inch passport type photograph of each driver
- Character Statements from two reputable citizens of Stanwood, certifying that the applicant is of good moral character and not addicted to the use of intoxicating liquors or drugs for each driver
- A copy of a current Washington State For Hire Vehicle Certificate

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

I certify that the statements on this application are true and complete to the best of my knowledge and that I will comply with the applicable City of Stanwood ordinances which pertain to doing business in Stanwood. I will notify the City of Stanwood of any changes regarding the information contained in this application form.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Operator Information**  
(Complete for each driver)

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

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Place of Residence (if other than mailing address): \_\_\_\_\_

\_\_\_\_\_

Length of time residing at the above address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Name and address of previous employer: \_\_\_\_\_

\_\_\_\_\_

Have you been previously licensed as a taxi cab driver?    Yes     No

If yes, list location(s): \_\_\_\_\_

Have you ever had a taxi cab driver's license revoked or suspended?    Yes     No

If yes, please list reason(s): \_\_\_\_\_

Have you ever been convicted of a crime?    Yes     No

If yes, please provide the following information:

- Number of convictions: \_\_\_\_\_
- Approximate dates: \_\_\_\_\_
- Names of courts where charged: \_\_\_\_\_
- Crimes charged: \_\_\_\_\_
- Final disposition of the case or cases: \_\_\_\_\_

\_\_\_\_\_



**Vehicle Information**  
(Complete for Each Vehicle)

License No. \_\_\_\_\_ Type of Vehicle: \_\_\_\_\_

License Plate # \_\_\_\_\_ Passenger Carrying Capacity: \_\_\_\_\_

Drivers

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

Date \_\_\_\_\_

Licenses are issued in consideration of the fee paid therefore and the right of the City Council to revoke or suspend such License pursuant to the provisions of Chapter 5.12 of the Stanwood Municipal Code. Licenses are non-transferable and expire each year on December 31<sup>st</sup>.

---

I \_\_\_\_\_ swear that I am the person named in the document, and the statements I am making are true and I have been placed under oath by the Notary Public.

State of Washington  
County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_  
By \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Title

My Appointment Expires: \_\_\_\_\_

(FOR OFFICIAL USE ONLY)

**POLICE DEPARTMENT**

SAFETY CHECK:

COMPLETED

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATION OF POLICE CHIEF:

FOR  
 AGAINST

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY CLERK'S OFFICE**

BACKGROUND CHECK:

COMPLETED

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

License Issued on: \_\_\_\_\_



# City of Stanwood

10220 270<sup>th</sup> Street NW  
Stanwood, Washington 98292  
(360) 629-2181

## Taxi Cab Business License

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

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Washington State U.B.I Number: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

---

### For Hire Drivers *As Provided by S.M.C Section 5.12*

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

Stanwood City License No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Stanwood City License No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Stanwood City License No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

---

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_