FOR-HIRE
VEHICLE LICENSE
APPLICATION

Option 1: APPLY AND PAY ONLINE - http://aca.spokanepermits.org
Option 2: PAPER (may take longer to process)

- License will not be issued until ALL requirements are met.
- NEW: All documents are required, but do not need to be submitted to Taxes & Licenses

REQUIREMENT CHECK LIST

Equipment and Identification

☐ Logo or trade name identification
  ▪ Must contrast with base color of vehicle and be identical for all vehicles associated with same taxi operator

☐ Taxicab Number
  ▪ Must be in non-removable figures
  ▪ At least 2 inches high
  ▪ Contrast with base color of vehicle
  ▪ Must be placed on both rear quarter panels & right rear of vehicle
  ▪ Must have number on inside of passenger compartment clearly visible to customer

☐ Name of business or company
  ▪ Must be plainly printed in letters at least 2½ inches high
  ▪ Must be on both sides of the vehicle
  ▪ Must be permanently affixed to vehicle

☐ Top Light—Must have a top light which clearly indicates when the taxi is in service, with an on/off switch which can be controlled by the driver

☐ Schedule of Rates posted on exterior and interior of vehicle

☐ Phone number

City Business License

☐ Must have a Washington State business license with annual City of Spokane endorsement
  ▪ Apply online: www.dor.wa.gov. Call 360-705-6741 for online help.
  ▪ Taxes & Licenses staff will verify license is current
Requirements (cont.)

Annual Safety Inspection—(form attached)
☐ Must be inspected at any ASE certified mechanic.

The following documents do not need to be submitted but must be available if audited:
☐ Safety Inspection results
☐ Meter Inspection results
  ▪ WA Dept. of Agriculture Weights & Measures
  ▪ 360-902-1857, or Inspector (Scott) 509-346-5560
  ▪ wtmeasures@agr.wa.gov
☐ DOR Spokane Business Registration (Blue border)
☐ DOL For-Hire Vehicle Certificate (Green border)
☐ Vehicle Registration
☐ Insurance Binder
  ▪ City of Spokane must show as additionally insured
  ▪ Must be insured for minimum coverage of $100,000/$300,000/$25,000
  ▪ Insurance liability limits will be increased to match State requirements as needed
## FOR-HIRE VEHICLE INSPECTION REPORT

**Spokane Municipal Code (SMC) 10.34A.060**

To be inspected by an ASE Certified Mechanic

<table>
<thead>
<tr>
<th>Item</th>
<th>PASS</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foot Brakes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Parking Brakes</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Steering Mechanism</td>
<td>☐</td>
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<td>4. Windshield</td>
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<td>☐</td>
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<tr>
<td>5. Rear Window &amp; Other Glass</td>
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<td>6. Windshield Wipers</td>
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<tr>
<td>7. Headlights</td>
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<td>☐</td>
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<tr>
<td>8. Taillights</td>
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<td>☐</td>
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<tr>
<td>9. Brake Lights</td>
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<tr>
<td>10. Front Seat Adjustment Mechanism</td>
<td>☐</td>
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<tr>
<td>11. Doors</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>12. Turn Signal Lights</td>
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<td>☐</td>
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<tr>
<td>13. Horn</td>
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<td>14. Speedometer</td>
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<tr>
<td>15. Bumpers</td>
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<td>☐</td>
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<tr>
<td>16. Muffler &amp; Exhaust System</td>
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<tr>
<td>17. Tires, Including Tread Depth</td>
<td>☐</td>
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<tr>
<td>18. Interior &amp; Exterior Mirrors</td>
<td>☐</td>
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<tr>
<td>19. Safety Belts</td>
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</tbody>
</table>
Taxi Company Name: ______________________ Date: ________________

Cab Number: ________________ Mileage: ______________________

VIN Number: ______________________

**INSPECTION RESULTS**

PASS □   FAIL □

Inspector Comments: ________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Initials: ___________________________ Date: ________________

**RE-INSPECTION RESULTS**

PASS □   FAIL □

Failed Items Not Corrected:

_____________________________________________________________________________

_____________________________________________________________________________

Initials: ___________________________ Date: ________________

*I hereby certify this vehicle Approved/Disapproved (circle one) for Issuance of a City of Spokane For-Hire license as per SMC 10.34A.060*

By: ___________________________ ASE #: ___________________________

ASE Certified Mechanic ASE Certification

PLEASE INCLUDE COPY OF CURRENT ASE CERTIFICATE

Garage/Inspection Facility: ________________________________

Location: ________________________________

Phone: ___________________________ Alternate Phone: ___________________________