

TAXI CAB LICENSE REQUIREMENT CHECK LIST



Taxes & Licenses
808 W. Spokane Falls Blvd
Spokane, WA 99201-3336
(509)625-6070

REQUIREMENTS:

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.
- * Taxi Cab 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 that clearly indicates when the taxi is in service, with an on/off switch that can be controlled by the driver
- * Schedule of Rates posted on exterior and interior of vehicle
- * Phone number

City Business License

- Must have ***both*** a WA State Business License and a Spokane registration
Taxes & Licenses staff will verify both are current.
- If you do not have a current business registration, you can apply online (www.bls.dor.wa.gov), or by mail. Mail-in applications are available in our office, or online at the same website (forms/[top right]/Business License Application/City Business Addendum)

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Emissions Test

- 5 years or newer is not needed
- 6-10 years--every other year as Washington State requires for license renewal.
Provide copy.
- Must be done before Safety Inspection
- Must pass Emissions Test or will *not* pass Safety Inspection

Safety Inspection-- Inspection date cannot be older than 30 days

- Take passed Emissions Test results to Safety Inspection
Can be inspected at any ASE certified mechanic / must submit copy of certificate.

Required Paperwork -- for new vehicle applications and renewal

- Completed Taxi Cab Application
- Safety Inspection results (Inspection date cannot be older than 30 days.)
- Meter Inspection results (Inspection date cannot be older than 30 days.)
 - * WA Dept. of Agriculture Weights & Measures
 - * 360-902-1857, or Inspector (Scott) 509-346-5560
 - * wtmeasures@agr.wa.gov
- Spokane Business Registration
- DOL For-Hire Vehicle Certificate
- DOL Vehicle Registration
- Insurance Binder
 - * City of Spokane must show as additionally insured
 - * Must be insured for \$100,000 or more
 - * Insurance liability limits will be increased to match State requirements as needed

**TAXI CAB LICENSE
APPLICATION**



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Date: _____

For-Hire Operator affiliated with: _____

Vehicle Info:

License Plate #: _____ VIN #: _____

Year: _____ Make: _____ Model: _____ Cab #: _____

Vehicle Owner Name: _____ UBI # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Other Phone: _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. And the applicant agrees to comply with the provisions of the Spokane Municipal Code 10.34A and all the laws and regulations thereto.

Signature: _____ Date: _____

Print Name: _____

To be completed by Taxes & Licenses staff:

Taxi Cab License #: _____ Decal #: _____

Licensing Officer: _____ Date: _____

FOR-HIRE VEHICLE INSPECTION REPORT
Spokane Municipal Code (SMC) 10.34A.060
To be inspected by an ASE Certified Mechanic.

	PASS	FAIL
1. Foot Brakes	<input type="checkbox"/>	<input type="checkbox"/>
2. Parking Brakes	<input type="checkbox"/>	<input type="checkbox"/>
3. Steering Mechanism	<input type="checkbox"/>	<input type="checkbox"/>
4. Windshield	<input type="checkbox"/>	<input type="checkbox"/>
5. Rear Window & Other Glass	<input type="checkbox"/>	<input type="checkbox"/>
6. Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>
7. Headlights	<input type="checkbox"/>	<input type="checkbox"/>
8. Taillights	<input type="checkbox"/>	<input type="checkbox"/>
9. Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>
10. Front Seat Adjustment Mechanism	<input type="checkbox"/>	<input type="checkbox"/>
11. Doors	<input type="checkbox"/>	<input type="checkbox"/>
12. Turn Signal Lights	<input type="checkbox"/>	<input type="checkbox"/>
13. Horn	<input type="checkbox"/>	<input type="checkbox"/>
14. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
15. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
16. Muffler & Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>
17. Tires, Including Tread Depth	<input type="checkbox"/>	<input type="checkbox"/>
18. Interior & Exterior Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
19. Safety Belts	<input type="checkbox"/>	<input type="checkbox"/>

(Page 2—Inspection report)

Taxi Company Name: _____ **Date:** _____

Cab Number: _____ **Mileage:** _____

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 for Issuance of a City 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: _____