

# FOR-HIRE VEHICLE LICENSE



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](http://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](mailto: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

# FOR-HIRE VEHICLE APPLICATION



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Spokane, WA 99201-3336  
(509)625-6070

Date \_\_\_\_\_

For Hire Operator affiliated with (Taxi company) \_\_\_\_\_

## Vehicle Information:

License Plate # \_\_\_\_\_

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 \_\_\_\_\_

Cab #

Taxi Company

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"/>

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: \_\_\_\_\_