



TAXI / LIMOUSINE COMPANY APPLICATION

CITY OF MEDFORD BUSINESS LICENSE

200 S Ivy St. Second Floor, Medford OR 97501
businesslicenses@cityofmedford.org

Oregon Business Registry
Number

LICENSE INFORMATION

Name of Applicants Business – DBA _____

Type of License

TAXI / LIMOUSINE COMPANY.....\$100.00

APPLICANT INFORMATION

Full Legal Name _____

Mailing Address _____

Phone Number _____ Email _____

Emergency Contact Name and Phone Number _____

TAXI Company Name _____

TAXI Company Address _____

TAXI Phone Number _____ Email _____

TAXI Emergency Contact Name and Phone Number _____

REQUIRED MATERIALS

Certificate of Insurance - Commercial General Liability: Medford Municipal Code 8.340 (6)

Certificate of Insurance - Automobile Liability for Taxi Companies: Medford Municipal Code 8.340 (7)

I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provision of Medford Municipal Code 8.320 through 8.380 governing the license for which I am applying.

Authorized Signature _____ Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Business License #

License Fee \$ _____

Additional Fees \$ _____

TOTAL \$ _____

Receipt No. _____
Receipt Date _____
Check No. _____
Your Initials _____