



TRANSPORTATION NETWORK COMPANY APPLICATION

CITY OF MEDFORD BUSINESS LICENSE

200 S Ivy St. Second Floor, Medford OR 97501

P: 541.774.2026 F: 541.618.1726

businesslicenses@cityofmedford.org

Oregon Business Registry
Number

LICENSE INFORMATION

Name of Applicants Business – DBA _____

Type of License

TRANSPORTATION NETWORK COMPANY.....\$1000.00

APPLICANT INFORMATION

Full Legal Name _____

Mailing Address _____

Phone Number _____ Email _____

Emergency Contact Name and Phone Number _____

TNC Company _____

TNC Address _____

TNC Phone Number _____ Email _____

TNC 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 Coverage for Service Periods 1, 2 & 3:** Medford Municipal Code 8.340 (10) a-c

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

	License Fee	\$	_____
Business License #	Additional Fees	\$	_____
_____	TOTAL	\$	_____

Receipt No. _____

Receipt Date _____

Check No. _____

Your Initials _____