



# TNC / TAXI DRIVER APPLICATION

## **CITY OF MEDFORD BUSINESS LICENSE**

200 S Ivy St. Second Floor, Medford OR 97501

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[businesslicenses@cityofmedford.org](mailto:businesslicenses@cityofmedford.org)

### **LICENSE INFORMATION**

Name of Applicants Business – DBA \_\_\_\_\_

Type of License

TRANSPORTATION NETWORK DRIVER (TNC) / TAXI DRIVER.....\$60.00

### **APPLICANT INFORMATION**

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Taxi / TNC Company \_\_\_\_\_

Taxi / TNC Address \_\_\_\_\_

Taxi / TNC Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Taxi / TNC Emergency Contact Name and Phone Number \_\_\_\_\_

### **TERMS and CONDITIONS**

**Written Notice of Compliance from Operator:** I have attached a *written notice of compliance* from the operator stating I have submitted all necessary documents to meet the terms of Medford Municipal Code 8.335 (2). TNC Driver: proof of active status with TNC company (ex: screen shot of active account, email etc)

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	\$	_____
<b>Business License #</b>	Additional Fees	\$	_____
_____	<b>TOTAL</b>	<b>\$</b>	<b>_____</b>

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