



Vehicle for Hire License Application

(For office use only) License #:

Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513
503-588-6256 * baspac@cityofsalem.net

If you need help understanding this information, please call 503-588-6256.

Si necesita ayuda para comprender esta información, por favor llame 503-588-6256.

License information

Name of business	
Type of license	Taxi company Transportation network company Wheelchair coach

Applicant information

	Applicant	Employer
Name		
Mailing address		
Phone number		
Email address		

Terms and conditions

Insurance documents: I have attached a copy of my insurance documents demonstrating that I meet the minimum insurance covered outlined in SRC 30.710.

Correct information: 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 provisions of the Code governing the license for which I am applying.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form.

I agree (initials): _____

Authorized Signature: _____

Print Name: _____ **Date:** _____

To submit: Save the file to your computer and email to baspac@cityofsalem.net .
