

City of St. Helens
275 Strand Street
P.O. Box 278
St. Helens, OR 97051
(503) 397-6272

City of St. Helens
TAXICAB DRIVER
LICENSE APPLICATION

St. Helens Municipal Code Ch. 5.08 (Ordinance No. 3062)

Type of Application

Initial Taxicab Driver License: \$35 Fee Renewal of Taxicab Driver License: \$20 Fee

Applicant

First Name: _____ Middle Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City, State: _____

Date of Birth: _____ Driver's License No.: _____

Driver's License State: _____ DMV Driving Record Attached

Taxicab Company

Name of Taxi Cab Company: _____ Business Phone: _____

Principal business address: _____

Renewal Applicants Only

1. Have you been arrested, charged, or convicted of a crime or traffic violation since your initial taxicab driver application? Yes No

2. If you answered yes to question 1, what was the crime(s) and/or traffic violation(s) that resulted in an arrest, charge, or conviction? _____

Except as modified by the questions in this section, I hereby certify under penalty of perjury and false swearing that the driving record and criminal history on file with the City is current and accurate.

Applicant Signature

Date Signed

I hereby certify under penalty of perjury and false swearing that the information I have provided is true and correct. False swearing is a Class A misdemeanor punishable by up to 365 days in the county jail and a \$6,250 fine.

Applicant Signature

Date Signed

Applicant needs to hand deliver application to City Hall during regular business hours, in order to obtain physical description and have photo taken for Drivers Permit.

FOR OFFICE USE ONLY

Date Received: _____

Date Forwarded to Police Dept.: _____

Received by: _____

Police Recommendation: _____

Receipt No.: _____

Date Approved: _____