



**CITY OF EDMONDS 121 5<sup>TH</sup> AVE N, EDMONDS, WA 98020**  
**APPLICATION – TAXICAB DRIVER’S LICENSE**  
Edmonds City Code Chapter 4.60

Date: \_\_\_\_\_ **Fee must accompany license application** (New Applications \$25, Renewals \$5)

Name of Driver: \_\_\_\_\_ Driver’s License No.: \_\_\_\_\_  
*First Name Middle Initial Last*

Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State Zip*

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Telephone: ( ) \_\_\_\_\_

Please list name and address changes that have occurred within the last two years preceding the current information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company you are working for: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Previous Employment for Past Two Years:**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

*Attach additional sheet if necessary.*

**Previous Record as a Taxicab Driver or Operator:**

Is this a renewal application with the City of Edmonds?  Yes  No  
Have you ever been licensed as a taxicab driver or operator?  Yes  No If yes, explain:  
Where: \_\_\_\_\_ When: \_\_\_\_\_  
Has this license ever been suspended, revoked, or denied?  Yes  No If yes, for what cause:  
\_\_\_\_\_  
\_\_\_\_\_

**Record of Conviction: (Note: All criminal, driving and all other court histories will be checked)**

Have you ever been convicted of or forfeited bail for a crime, including all traffic offenses, for the preceding five years?  
 Yes  No If yes, give a detailed account of the charge(s), the approximate date, the name of the Court, and the final disposition of the charge(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

NOTARY PUBLIC

My appointment expires: \_\_\_\_\_

### ISSUANCE OF LICENSE

**FEES:**

**Initial** Application Fee for Taxicab Driver's License (\$5 licensing fee plus \$20 investigation fee) .....\$25.00

**Renewal** of Taxicab Driver's License (for previously licensed drivers).....\$5.00

**TOTAL FEES PAID:** \_\_\_\_\_

**TREASURER'S RECEIPT NUMBER:** \_\_\_\_\_

City Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Calendar Year: \_\_\_\_\_

### INVESTIGATION BY EDMONDS POLICE DEPARTMENT

Past Criminal Record:     Yes     No    If yes, provide brief explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved

Signature: \_\_\_\_\_

Denied

Date: \_\_\_\_\_