



TRANSPORTATION NETWORK COMPANY (TNC) LICENSE APPLICATION INSTRUCTIONS

STEP 1. Contact WA State Dept. of Revenue
Business License Service for a UBI Tax Number
1657 Fowler St. Richland. 509-987-1201

STEP 2. Contact Other Agencies if needed (partial list):

WA State Contractor's License

WA State Dept. of Labor & Industries 4310 W 24th Ave. Kennewick. 509-735-0100
Department of Licensing Olympia. 360-664-1400

STEP 3. Complete City Application.

Complete In-City Business License application and return with required attachments as noted on application to Customer Service.

STEP 4. City Review Process.

The application will be reviewed and business inspected by the City and when all requirements are met Customer Service will issue a Business License. You cannot conduct business until your business license has been issued.

Upon issuance of the license you may open your business.

Questions?? Call Customer Service at 545-3402

KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE



REQUIRED:

- 1) The TNC submits a complete for-hire business license application.
- 2) The TNC submits an affidavit sworn under penalty of perjury, on a form provided by the Licensing Officer, that the TNC is in compliance with the driver requirements, vehicle requirements, insurance requirements, and operational requirements of Chapter 5.45A of the Pasco Municipal Code.
- 3) A Business License Base Fee and any other applicable fees as designated in PMC 3.07.050, shall be paid in full at the time of submitting any initial and renewal license application.
- 4) The licenses issued or renewed will be effective upon approval and terminate one-year from the date of issuance or renewal, unless the license has been (re)submitted for renewal on or before the expiration date.

The business license fee shall be based upon the number of employed or affiliated drivers operating for-hire vehicles for the taxicab company or TNC applying for the license, as designated in PMC 3.07.050.

FEES:

3.07.050 BUSINESS LICENSES:

		Fee/Charge	Reference
A)	License Base Fee	\$80.00	5.04.160
B)	Employee Fee – per full time equivalent	\$20.00	5.04.160
CC)	Taxicab & Transportation Network Company Licensing		5.45A.040
1)	Annual For-Hire (Taxicab/TNC) Business License Application Review And Business License Fee in the amount as follows:		
	Companies employing or contracting with ten (10) or fewer drivers.	\$300.00	
	Companies employing or contracting with eleven (11) to forty (40) drivers.	\$700.00	
	Companies employing or contracting with forty-one (41) or more drivers.	\$2,000.00	

For all City regulations related to Transportation Network Company Licensing please refer to Pasco Municipal Code, Title 5, Chapter 5.45A.



Transportation Network Company License Application

Date of Application _____ New Application Renewal

1. Business Information:

Legal Name _____
(Full Name of Legal Owner of business as registered with Dept of Revenue or Corporate Name registered with WA Secretary of State)

Trade Name (DBA) _____

Type of Business _____

Physical Address _____ City _____ St _____ Zip _____

Mailing Address _____ City _____ St _____ Zip _____

Phone _____ Fax _____ Email _____

Corporation LLC Partnership Sole-Proprietor Other

UBI# _____ FEIN # or SS# _____

2. Business Information:

Registered Agent Name _____

Business Address _____ City _____ St _____ Zip _____

Mailing Address _____ City _____ St _____ Zip _____

Phone 1 _____ Phone 2 _____ Cell _____

Fax _____ Email _____

Contact Name _____

Address _____ City _____ St _____ Zip _____

Mailing Address _____ City _____ St _____ Zip _____

Phone 1 _____ Phone 2 _____ Cell _____

Fax _____ Email _____

Emergency Contact Person _____

Home Address _____ City _____ St _____ Zip _____

Mailing Address _____ City _____ St _____ Zip _____

Phone 1 _____ Phone 2 _____ Cell _____

Fax _____ Email _____



3. Additional Info:

Number of Drivers Operating for-hire vehicles _____

4. If the physical location of your business is in the City of Pasco:

Number of Employees working in the City of Pasco _____

Explain all activities that will take place at your business location _____

Building Size _____ sq ft

Number of Parking Spaces _____

Will you have Outside Storage or Display Area Yes No

Will you have Automatic Fire Sprinklers Yes No

Will you have Burglar or Fire Alarm Yes No

5. Required Attachments:

- Legible copy of your Picture ID (New and Renewal) of applicant or agent
- Copy of your WA State Business License (New and Renewal)
- Affidavit sworn under penalty of perjury, on a form provided by the Licensing Officer, that the TNC is in compliance with the driver requirements, vehicle requirements, insurance requirements, and operational requirements of Chapter 5.45A of the Pasco Municipal Code.

My Signature below certifies that the information provided on this application and any attachments is true and accurate. I understand my place of business must comply with all City of Pasco codes and ordinances.

Signature **Date**



TAXICAB and TRANSPORTATION NETWORK COMPANY SPECIAL LICENSE AFFIDAVIT FORM

Mail: CITY OF PASCO, PO BOX 293, PASCO WA 99301
Questions? Email: businesslicense@pasco-wa.gov or call (509) 545-3402

COMPANY INFORMATION

Applicant Name: _____ WA State UBI# _____

Doing Business As (dba): _____

Owner/Principal Name(s): _____

Physical Address: _____

STREET	CITY	STATE	ZIP CODE
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Mailing Address: _____

(IF DIFFERENT THAN ABOVE) STREET OR PO BOX	CITY	STATE	ZIP CODE
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Contact Phone Number: _____ Email Address: _____

COMPANY ATTESTATIONS

- I attest that, as of the date of application, all drivers operating on behalf of the applicant, whether as employees or independent contractors, are in compliance with all requirements of PMC 5.45A.040 (a)(b) "Taxicab and TNC Driver Requirements." I further attest that all drivers joining as drivers after the date of this application shall meet the requirements of PMC 5.45A.040(a)(b) prior to operating on behalf of applicant, and that applicant shall take immediate action to remove any driver found to be in noncompliance with PMC 5.45A.040(a)(b) while operating vehicles in the City of Pasco under the authority of applicant.
- I attest that, as of the date of application, applicant's vehicles, whether owned by the company or owned by drivers contracted to provide TNC services, are in compliance with all requirements in PMC 5.45.070 "Vehicle Requirements." I further attest that all vehicles joining applicant's fleet after the date of this application, whether owned by the company or owned by drivers, shall meet the requirements of PMC 5.45.070 prior to operating on behalf of applicant, and that applicant shall take immediate action to remove any vehicle found in noncompliance with PMC 5.45.070 while operating in the City of Pasco under the authority of applicant.
- I attest that, as of the date of application, applicant and all drivers operating on behalf of the applicant are in compliance with PMC 5.45A.080 "Insurance Requirements." I further attest that all drivers joining as drivers after the date of this application shall meet the requirements found in PMC 5.45A.080 prior to operating on behalf of applicant, and that applicant shall take immediate action to remove any driver found to be in noncompliance with PMC 5.45A.080 while operating in the City of Pasco under the authority of the applicant.
- I attest that, as of the date of application, applicant and all drivers operating on behalf of applicant are in compliance with PMC 5.45.090 "Operational Standards." I further attest that all drivers joining as drivers after the date of this application shall meet the requirements found in PMC 5.45.090 prior to operating on behalf of applicant, and that applicant shall take immediate action to remove any driver found to be in noncompliance with PMC 5.45.090 while operating in the City of Pasco under the authority of the applicant.
- I attest that I have authority to execute this application on behalf of the company making this application.

I hereby declare under penalty of perjury of the laws of the State of Washington that the information and attestations contained in this application are accurate and complete. I further understand that making a material false statement in this affidavit may result in suspension or revocation of my company's Special License, or refusal of the City to grant my company a License, and may also result in the imposition of monetary penalties as provided in PMC 5.45A.130.

Signature of Owner or Authorized Company Representative

Date

Print Name of Signatory

Title

Phone #