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.


   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:

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

Applicant Name: ___________________________  WA State UBI# ___________________________

Doing Business As (dba): ___________________________

Owner/Principal Name(s): ___________________________

Physical Address: ___________________________

   STREET   CITY   STATE   ZIP CODE

Mailing Address: ___________________________

   (IF DIFFERENT THAN ABOVE) STREET OR PO BOX    CITY   STATE   ZIP CODE

Contact Phone Number: ___________________________

Email Address: ___________________________

COMPANY ATTESTATIONS

1. 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.

2. 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.

3. 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.

4. 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.

5. 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 #