

IDENTIFICATION OF VEHICLE-FOR-HIRE

LICENSE YEAR: 2018/2019

DATE: _____

VEHICLE NO. _____

REPLACEMENT? WHAT VEHICLE DOES IT REPLACE? REPLACES VEHICLE NO._____

NEWLY IDENTIFIED VEHICLE? YES _____

Identification:

1. Make & Year: _____
2. Body Style: _____
3. Passenger Capacity: _____
4. Length of Time Vehicle Used: _____
5. Color: _____
6. License Number: _____
7. Engine No.: _____
8. Serial Number: _____
9. Owned, Leased, or any form of contract: _____
10. Person, firm or corporation collecting the revenues from the operation of this vehicle and pay the expenses of operating the same: _____

11. Legal Owner of Vehicle-for-Hire Company: _____

12. Registered Owner of this vehicle: _____
Address: _____
13. Mortgage Amount (if any): _____
14. Mortgaged to: _____
15. Kenai Peninsula Borough Sales Tax Number: _____
16. Alaska Business License No. (attach a copy): _____
17. Certificate of Worker's Compensation Insurance, as required by AS 23.10.055.

Attach a Certificate of Insurance listing coverage of this vehicle, with an endorsement agreeing to give the City of Kenai a thirty (30) day written notice of cancellation.

Address: _____

Taxicab Company

Authorized Signature

Telephone No. _____
Fax No. _____
Email: _____

Type or print name

WAIVER AND CONSENT

The undersigned hereby states that he/she is either an applicant, or an officer or director of a corporate applicant wanting to operate a taxi cab service in the City of Kenai.

By signature hereon, I hereby waive any and all rights to privacy I may have under the United States Constitution and the State of Alaska Constitution and specifically consent that a background investigation may be made on me and specifically for a criminal history and driving record check through the Alaska Justice Information System and the National Crime and Information Center.

To facilitate this search, I submit the following information:

1. Full name (including full middle name):

2. Company Name and Mailing Address: _____

3. Date of Birth: _____

4. Social Security Number: _____

5. Cities of Residence for the last ten (10) years:

<u>City</u>	<u>Years of Residence</u>
_____	_____
_____	_____
_____	_____

(Continue on reverse side if necessary.)

DATED: This _____ day of _____, 20_____.

Signature