



# CITY OF KETCHIKAN

## APPLICATION FOR 2019 PUBLIC VEHICLE CERTIFICATE

Return this application to:

City Clerk's Office, Fourth Floor, City Hall, 334 Front Street, Ketchikan, Alaska 99901

**PLEASE ALLOW A MINIMUM OF ONE WEEK FOR PROCESSING**

This application must be verified under oath and completed in detail. Please attach such additional sheets as necessary.

1. Application for: \_\_\_\_\_  
\_\_\_\_\_ Airporter  
\_\_\_\_\_ Child Transport Vehicle  
\_\_\_\_\_ Handicapped Transport Vehicle  
\_\_\_\_\_ Limousine  
\_\_\_\_\_ Sightseeing  
\_\_\_\_\_ Taxicab

2. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Principals and Addresses:

\_\_\_\_\_  
\_\_\_\_\_

3. Experience of applicant in the transportation of passengers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Narrative statement describing in detail the precise nature of the applicant's operation and the service to be provided, clearly demonstrating that the service applied for shall be conducted as that type of service only and not as a taxicab:

\_\_\_\_\_  
\_\_\_\_\_

5. Number of vehicles to be operated or controlled by applicant: \_\_\_\_\_

License Plate Numbers with Last Four Digits of VIN: (required – may attach separate list):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Registered owner of each vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Location of proposed depots and terminals, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Attach a statement that the motorized vehicles to be used in the proposed operation are in a safe and legal operating condition together with a signed report to that effect issued within 60 days by a qualified mechanic approved by the Chief of Police.

Attached: YES ☐ NO ☐

9. The applicant has ☐ has not ☐ been convicted of any of the felony or misdemeanor offenses within the preceding five years as set out in KMC 5.40.030(a)(9).

10. Certificate of liability insurance policy showing issuance of policy, statements as to coverage (minimum combined single limit of \$300,000), 30-day cancellation clause and payment of premium attached. The certificate should list the City of Ketchikan as an additional insured:

Attached: YES ☐ NO ☐

11. Check for fee attached: YES ☐ NO ☐ Amount \$ \_\_\_\_\_

12. For taxicab operations, the distinctive color scheme, including the color scheme of any lettering or numbers the applicant has applied or intends to apply to the exterior of each vehicle:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. For taxicab operations, the complete financial status of the applicant, including, but not limited to, amounts of all unpaid judgments against the applicant and the nature of the transaction or acts giving rise to said judgments (attach additional sheets as necessary):

\_\_\_\_\_

14. For taxicab operations, the facts which the applicant believes tend to prove that public convenience requires the granting of a certificate:

Public Vehicles Other than Taxicabs - \$25.00 for each service for which an endorsement is requested.

Taxicabs - \$10.00 to engage in business plus \$20.00 for each vehicle operated under a certificate.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, being first duly sworn, on oath depose and say that I have read the foregoing application and any attachments thereto, and that I am familiar with the contents thereof; and that the statements therein contained are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

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

\_\_\_\_\_  
Notary Public for the State of Alaska  
My Commission Expires: \_\_\_\_\_

(seal)

**Checklist for Applicant**

- Application Form
- Insurance Certificate
- Mechanic's Certificate(s)
- Filing Fee
- License plate numbers