

City of East Wenatchee
Office of the City Clerk
271 9th Street NE, East Wenatchee, WA 98802
Ph. 509-886-6103 fx. 509-884-6233

Application for Taxicab Operator License

ALL FIELDS REQUIRED

Date: _____

Operator Name: _____

First

Last

Middle

Physical Address: _____

Street Add

City

State, Zip

ONLY IF DIFFERENT:

Mailing Address: _____

Street Add

City

State, Zip

Cell Phone Number: _____

Date of Birth: _____

Washington State DRL #: _____

Driver license Number

Issue Date

Expiration Date

EYE COLOR

HEIGHT

WEIGHT

Company Name: _____

Name of the company that you operate a taxicab for

Company Address: _____

Street Add

City

State, Zip

Supervisor's Name: _____

Supervisor's Ph #: _____

For City use - do not write below this line:

Taxicab Operator License Number: _____

Fingerprint & background complete

Date: _____

3 passport photographs submitted

Copy of WA Driver License

\$37.00 fee for new operator license

\$37.00 fee for annual renewal

Receipt No: _____

Receipt Date: _____

Issue Date: _____

Approved by: _____

**** One Application must be submitted for each Driver/Operator licensed.**