



COMMUNITY DEVELOPMENT DEPARTMENT

Code Administration Division

129 North Second Street, 2nd Floor Yakima, Washington 98901

Phone (509) 575-6126 • Fax (509) 576-6576 Email: codes@yakimawa.gov

SIGHTSEEING VEHICLE
REGULATORY LICENSE APPLICATION

[YMC Chapter 5.78](#)

Fees: Sightseeing car	\$110.00
Temp Driver License/App Fee (non-refundable)	\$10.00
Driver's License	\$11.00
Fingerprinting (if required – WSP/YPD):	\$58.00
Driver's Abstract (DA)	\$0 if DA provided at time of application

Applicant Info:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ How long at this address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Drivers License #: _____ State: _____ Exp: _____ SSN #: _____

Height: _____ Weight: _____ Marital Status: _____ Hair Color: _____ Eye Color: _____

Driver History:

Prospective employer: _____

List previous places of residency for the last five years: _____

Last place of employment: _____

Have you previously been issued a taxi driver's license? Yes No

If so, where?: _____

Have you ever had a driver's license in another state? Yes No

If so, please give license # and state: _____

Has your driving privilege ever been suspended or revoked in this or any other state? Yes No

If so, please explain: _____

Have you ever been convicted of a crime, other than minor traffic violation? If so, list each conviction, approximate date of conviction, name and location of court, the crime charged and final disposition:

Business Info:

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____ Fax: _____

Email: _____

Vehicle Insurance Co.: _____ Policy Exp. Date: _____

Vehicle License #: _____

Required Attachments:

The following information must be attached to this application:

- The number of cars to be operated;
- The capacity of the cars;
- The route or routes to be followed; and
- The terminal rates to be charged.

NOTE: Per YMC 5.78.140, "Where more than one route is specified, each route shall be numbered and each car furnished with a white card printed in black with the word "route" and the number of the route in black letters and in figures not less than one inch in height. This card must be prominently and continuously displayed in the forward end of the car during the entire time of loading and unloading as well as during the trip."

Applicant's certification:

The issuance of this license does not entitle you to conduct business in violation of any other federal, state or local laws applicable to the business operation. Deliberate omissions or falsifications on any part of this form will result in cancellation of the license and may subject the applicant to criminal charges. Prior to placing any vehicle into service vehicles must be certified as having been inspected by the Yakima Police Department, Traffic Division. In addition, proof of inspection by the Yakima Police Department, Traffic Division, within one year of renewal of for-hire permit will be required. I certify that under the penalty of perjury that to the best of my knowledge all information is true and correct.

Applicant's signature

Date

State of Washington }

}

County of Yakima }

}

I, the undersigned, a notary public in and for the State of Washington, hereby certify that on this _____ day of _____, 20____ personally appeared before me _____, known to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she signed and sealed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned. Given under my hand and official seal the day and year last above written.

Notary Public in and for the State of Washington

Printed Name



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Health Certification (to be completed by a Physician):

Vision:..... Good Fair Poor

Patient is now in what state of health?..... Good Fair Poor

Does patient have heart trouble?..... Yes No

Does patient have history of epilepsy?..... Yes No

Has patient ever been troubled by vertigo?..... Yes No

Has patient lost much weight in the past year?..... Yes No

Has patient been seen by a physician within the past year? Yes No

Does patient have any physical or mental condition likely to render patient unfit to drive a sightseeing vehicle?

Yes No

If yes, please explain: _____

Does the patient have any type of illness? Yes No

If yes, please explain: _____

Name and address of physician: _____

Signature of Physician: _____ Date: _____