Private for Hire Transportation (PFHT)
Limited Passenger Transportation (LPT)
Company Permit Application

1. Company Type: ☐Executive Sedan ☐ Shuttle ☐ SAT ☐Pedicab ☐ Limousine

2. Legal Name of Business (as registered with the Oregon Secretary of State):

   _____

3. Business Address: _____

   _____

4. Vehicle Storage Address: _____

   _____

5. E-mail Address: _____

6. Telephone / FAX Number/s:

   _____

7. Business Entity Type (as registered with the Oregon Secretary of State):

   ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other: _____

8. List all owners, partners, corporate officers, directors, general managers, and any other principal parties, plus their titles and dates of birth. Add pages as needed.

   _____
   NAME TITLE DOB: MM/DD/YY

   _____
   NAME TITLE DOB: MM/DD/YY

   _____
   NAME TITLE DOB: MM/DD/YY

9. List any other legal entities (individuals, corporations, etc.) not mentioned above having a financial interest in the business. Include names, addresses and telephone numbers:

   _____

   _____

10. If the business is registered with the Oregon Secretary of State as doing business under an assumed business name, state the assumed business name and its assigned number.

    Name: _____ # _____

11. If the business is operating under any other name(s), state the name(s):

    _____

Revenue Bureau
Private for Hire Transportation Program
111 SW Columbia St. Suite 600
Portland, OR 97201
503.865.2484

12. City of Portland Business License Information

    Account #: _____ Expiration Date: _____

13. If any principals have been in the transportation business in the past, state the business name(s), geographic area(s) served, and the calendar year(s). Add pages as needed.

BUSINESS NAME	AREA SERVED	PERIOD OF TIME
BUSINESS NAME	AREA SERVED	PERIOD OF TIME

14. Name(s) of contact person(s) with responsibility for handling citizen complaints and other communications. (Individual named should be available by phone during normal business hours, and knowledgeable of LPT regulations.)

NAME	PHONE NUMBER(S)
NAME	PHONE NUMBER(S)

15. Attach certificate(s) or other proof of COMMERCIAL GENERAL LIABILITY and AUTOMOBILE LIABILITY INSURANCE. Documents should include the policy number, expiration date, agent's name, list the City of Portland, its officers and agents as Additional Insured, and indicate that the City will receive 30 days written notice of cancellation or policy change-PCC 16.40.410 (LPT and Taxi Companies), PCC 16.40.420 (Pedicab Companies)

16. **FALSE INFORMATION submitted by an applicant shall be considered grounds for DENIAL OR REVOCATION of a LPT Company Permit**-PCC 16.40.250

    I certify that I have reviewed the contents of this application, that all statements contained herein are true to the best of my knowledge, that I am an officer of the below named business, and that I am authorized to sign this document on behalf of:

_____
COMPANY NAME

Revenue Bureau use only	Signature of Authorized Company Representative
	Title of Authorized Company Representative
	Date