

TRANSPORTATION NETWORK COMPANY APPLICATION/RENEWAL



CITY OF GRANTS PASS

101 NW A ST, ROOM 103

GRANTS PASS, OR 97526

P: 541.450.6039 F: 541.476.9261

www.grantspassoregon.gov

TRANSPORTATION NETWORK COMPANY APPLICATION/ANNUAL RENEWAL FEE.....\$1000.00

APPLICANT INFORMATION

TNC Name _____

TNC Address _____

TNC Mailing Address (if different) _____

TNC Phone Number _____ Email _____

TNC Contact Name and Phone Number _____

REQUIRED MATERIALS

- Certificate of Insurance - Commercial General Liability:** City of Grants Pass Municipal Code 4.16.035
- Certificate of Insurance - Automobile Liability Coverage for Service Periods 1, 2 & 3:** City of Grants Pass Municipal Code 4.16.035

I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provision of City of Grants Pass Municipal Code 4.16.010 through 4.16.080 governing the license for which I am applying.

Authorized Signature _____ Date: _____

Authorized Printed Name _____ Authorized Title _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

License #

License Fee \$ _____

Additional Fees \$ _____

TOTAL \$ _____

Receipt No. _____

Receipt Date _____

Initials _____