



AUTO TRANSPORTATION SERVICE BUSINESS LICENSE APPLICATION CHECKLIST

Please submit the following with your application:

- Certificate of commercial liability insurance for each vehicle naming the City, its agents and employees as parties insured.
- Vehicle registration for each vehicle.
- Vehicle inspection for each vehicle completed by ASE certified mechanic and approved by Hailey Chief of Police or designated agent.
- Licensing fee of \$250.00.
- Fingerprinting fee of \$34.00 (if applicable).
- List of all drivers employed by your auto transportation service.
- Complete schedule of fares.
- If your business is located in Hailey please attach a City of Hailey Business License Application (if this is a renewal, attach only page 2).

Please note:

- Applicant must be at least 21 years of age and be the bona fide owner of the business.
- This license is valid for the business only. All drivers (including the owner if the owner is also a service driver) must have a valid Idaho driver's license and City of Hailey auto transportation service driver's license.
- All applications must be approved by the Hailey City Council and Chief of Police.



AUTO TRANSPORTATION SERVICE BUSINESS LICENSE APPLICATION

LICENSE FEES:

New or Renewal \$250.00
(License application for full year Jan. 01 – Dec.31)

Fingerprint Processing \$34.00
(If applicable)

TOTAL: _____

OFFICE USE ONLY	
NEW _____	RENEWAL _____
APPROVED _____	DENIED _____
POLICE CHECK _____	

EXPIRES ANNUALLY ON DECEMBER 31ST

Owner Driver's License Number _____ Owner Date of Birth _____

Number of Vehicles Operated by Business _____

1. Have you within the last three (3) years: been convicted of, or received a withheld judgment, been placed on probation, forfeited a bond for failure to appear for any felony or misdemeanor charge, or have any outstanding warrants? Yes _____ No _____

If yes, please explain: _____

2. Have you had a similar license revoked, denied or suspended by this city or any other city of this state, or of the United States, within the past three (3) years? Yes _____ No _____

If yes, please explain: _____



VEHICLE INSPECTION FORM

(Please make copies as necessary. Submit for each vehicle)

Year _____ Make _____ Model _____ Color _____
 Vin # _____ Vehicle License # _____

	Good	Fair	Need		Good	Fair	Need
BRAKES				MIRRORS			
Front				Left side			
Rear				Right side			
Park brake				Rear-view			
EXHAUST SYSTEM				SEATBELTS			
Exhaust pipe				Front seat			
Muffler				Rear seat			
Tail pipe							
				STEERING			
EXTERIOR BODY				Tire rods			
Right side				Knuckles			
Left side							
Front				TIRES			
Rear				Right front			
				Left front			
GLASS				Right rear			
Windshield				Left rear			
Rear window							
Side windows				WIPERS			
Left				Left			
Right				Right			
LIGHTS				HORN			
Head Lights							
High beam				CLEANLINESS			
Low beam				Exterior			
Brake lights				Interior			
Park lights							
Turn signals							
Left							
Right							
Interior							
Emergency flasher							

INSPECTED BY:

 Name

 Date

 Name of Business

APPROVED BY: _____
 CHIEF OF POLICE or agent