

COUNTY OF HAWAII  
MASS TRANSIT AGENCY

**TAXI LICENSE RENEWAL APPLICATION**

1. Name of Applicant(s): \_\_\_\_\_
2. Doing Business As (dba): \_\_\_\_\_  
(same as roof sign)
3. Mailing Address: \_\_\_\_\_
4. Physical Address: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. G.E. License No.: \_\_\_\_\_ CH No.: \_\_\_\_\_
7. Applicant is:  Corporation  Partnership  Single Proprietorship  Other
8. If Corporation, unincorporated association, or partnership, names and addresses of officers and directors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Primary geographic area served: \_\_\_\_\_
10. Days and times of operation: \_\_\_\_\_
11. Vehicle Description: Lic No.: \_\_\_\_\_ Yr. \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_
12. Name(s) of driver(s) if any: \_\_\_\_\_
13. Zoning Verification: Attached copy of Zoning Verification (Attachment B)

**I, the undersigned official of the above company, state that the above and attached information is true and correct. I will notify the Mass Transit Agency immediately, if any of the above information changes.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**ATTACHMENT B**

TO: Planning Director  
FROM: Mass Transit  
SUBJECT: Zoning Verification  
Certificate of Public Convenience & Necessity  
Application for Taxicab License & Renewals

Applicant and dba \_\_\_\_\_

has applied for:  Certificate of Public convenience & Necessity  
 Application for Taxicab License

Located at \_\_\_\_\_

Tax Map Key: \_\_\_\_\_ Applicant Plans \_\_\_\_\_  
(describe the use)

(Lower half to be completed by Planning Department)

**PERMITTED UNDER:**

1. County zoning, which is \_\_\_\_\_.
2. Comments: \_\_\_\_\_  
\_\_\_\_\_.

**NOT PERMITTED:**

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Planning Director

**Note:** Applicant must complete the upper half of this form for the Planning Department to certify the zoning. This form must be submitted with the Application for Certificate of Public Convenience & Necessity and for Taxicab License Renewal.

Hilo – Aupuni Center, 101 Pauahi St., Suite 3 – 961-8288  
Kona – 75-5706 Kuakini Hwy., Suite 109 – 327-3510

## INSTRUCTIONS

1. Make sure your taxicab has a roof sign, which may be a dome light sign. The company name on the roof must be the same as the “dba” shown on your application for taxi license. If a company name is shown anywhere else on your vehicle, it must also be the same as the “dba” on our records.
2. Obtain a police inspection for your vehicle. The police department has the inspection forms. Call to set up an appointment before taking your taxicab in for inspection.

Hilo – Driver’s License Dept. – 961-2223

Kona – Driver’s License Dept. – 327-3580

3. Complete the enclosed application form. One application must be completed for each taxicab you operate. **Include your General Excise Tax License No.**
4. Complete and attach copy of Zoning Verification (Attachment B) for verification with the Planning department.
5. Send all required documents (see checklist) to the Mass Transit Agency, 25 Aupuni Street, Hilo, Hawaii 96720 by June 30, 2009.
6. Annual license fee of \$120.00 per taxicab, payable to Mass Transit.

## CHECKLIST

1. Completed application form
2. Zoning Verification
3. Taxicab Inspection Form
4. G.E. License No.
5. Copy of the current Certificate of Registration and safety check.
6. Certificate of Liability Insurance showing County of Hawaii as policy holder (not as co-Insured) and containing a provision that coverage will not be reduced or cancelled without 30 days prior written notice to the Transit Administrator. Coverage requirement is \$100,000/\$300,000 bodily injury/death, and \$50,000 property damage. Insurance coverage is on a fiscal year ending June 30.

Please call the Mass Transit Agency at 961-8744 if you have any questions, or would like to schedule an appointment.

