

OBTAINING A TAXICAB LICENSE

To obtain a taxicab license, please submit the following documents:

- 1) Appendix C – Application for Certificate of Public Convenience & Necessity
- 2) Page 2 notarized
- 3) Attachment A – Zoning Verification signed by the Planning Director
- 4) \$10.00 non-refundable filing fee
- 5) Current Drivers Abstract and Criminal Abstract
- 6) Written request to the Transportation Commission showing the need for proposed service (Page 2, #15)

Application must be submitted at least forty-five (45) days before a scheduled meeting of the Transportation Commission.

After the Mass Transit Agency reviews the application for completeness and accuracy, the application will be scheduled for the next meeting of the Transportation Commission. Written notice of the hearing will be given to the applicant at least fifteen (15) calendar days before the date of the hearing.

If your application is approved by the Transportation Commission, you have thirty (30) days to get your vehicle ready for service. This includes:

- 1) Having your dome placed on top of vehicle with the business name and telephone number
- 2) Fare decals located in front (dashboard) and back (of front seats)
- 3) Vehicle insured with the proper amounts and naming the Mass Transit Agency as certificate holder
- 4) Have vehicle inspected by the Police Department

After your vehicle has been inspected, submit your completed paperwork to the Mass Transit Agency to receive your certificate. If you fail to comply within the thirty (30) days, you will need to reapply for a taxi license. Once the operator is ready to put his car in operation, the operator must:

- 1) Fill out an Application for Taxicab License
- 2) Submit copies of your original registration, safety check, Certificate of Insurance (not insurance card.)

Once all documents are submitted and verified by the Transit Agency, a taxicab license and sticker will be issued. The fee is \$120 annually (July to June), and is prorated on a monthly basis. For example; you obtain a license in December, the cost is \$60.00.

Taxicab licenses must be renewed each year between June 1 and June 30. Failure to renew by June 30 will result in your license being revoked.

COUNTY OF HAWAII
MASS TRANSIT AGENCY

TAXI LICENSE 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.: _____
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: _____

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: _____

CHANGE OF VEHICLE

APPENDIX C

COUNTY OF HAWAII
HILO, HAWAII

APPLICATION

For

CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY

1. Name of Applicant(s): _____
2. Doing Business as (dba): _____
3. Mailing Address: _____
4. Physical Address: _____
5. Place of Business: _____
6. Home Phone: _____ Business Phone: _____ Cell Phone: _____
7. Applicant is: Single Proprietor Corporation Partnership Other
8. If Corporation, unincorporated association, or partnership; names and addresses of officers and directors: _____

9. Statement detailing any previous experience in taxicab business. _____

10. Description of proposed service, geographic area to be served: _____

11. Times of operation, frequency of proposed service: _____

12. Description of proposed vehicle to be used in service:

Year	Make	Model	License Plate No.	Passenger Capacity
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All vehicles must meet applicable safety, insurance, and license requirements.

Applicant assures vehicle employed under this certificate shall be kept clean and in good mechanical and physical condition at all times.

13. Proposed Insurance:

A. Name of Provider: _____

Coverages: Primary Public Liability: (one person)	\$100,000
(two or more persons)	\$300,000
Property Damage:	\$ 50,000

B. Insurance coverage is on a fiscal year basis ending June 30th.

14. Zoning Verification – See Attachment A

15. Written facts showing need for proposed service (on separate sheet)

16. Traffic Abstract.

17. \$10.00 filing fee.

I, the undersigned official of the above company, on oath, state that the above attached information is true and correct.

Signature _____

Name (printed) _____

Title _____

Subscribed and sworn to before me this

_____ day of _____, 20 ____.

Notary Public, _____ Judicial Circuit
State of Hawaii

My commission expires: _____

ATTACHMENT A

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 – West Hawaii Civic Center, 74-5044 Ane Keohokalole Hwy., Bldg E. – 323-4770