

**GOVERNMENT OF THE DISTRICT COLUMBIA
DEPARTMENT OF FOR-HIRE VEHICLES**

2235 Shannon Place, SE, Washington, DC 20020
(202) 645-6018, FAX (202) 645-3555, <http://dfhv.dc.gov>

Renewing Business License Application Instructions and Notices:

- The Operating Authority Business License Renewal Application Form (DFHV Form 009) must be typed, notarized, and returned to the Office of Taxicabs before **3:30PM ON DECEMBER 15, 2016**.
- To be considered complete, the Application must include all items requested. Incomplete Applications will not be processed. Acceptance of your fee payment and issuance of a receipt for that payment by the Office of Taxicabs does not constitute approval of your Application.
- If your Application is submitted on time and approved, you will receive either an Operating Authority Certificate or a letter indicating when your certificate will be ready. Normal processing time for your application is fifteen (15) business days.
- Please note that there have been numerous amendments to the bound July 2004 volume of [Title 31 of the District of Columbia Municipal Regulations](#) (DCMR), which applies to the operation of your business. An electronic copy of the DCMR Title 31 can be found online at <http://www.dcregs.dc.gov/>. For a hard copy, contact the Office of Documents and Administrative Issuances, 441 4th Street, NW, Suite 520S, Washington, DC 20001 Phone: (202) 727-5090 Fax: (202) 727-6042.
- Applicants are encouraged to submit completed applications and attachments on a flash drive or CD.
- Should you have any questions, contact your Accounts Manager at 202 645-7300.

Renewing Business License Application Checklist:

1. Completed Renewal Application Form (DFHV Form 009)
2. Attachment B-1: Copy of your current Occupancy Permit.
3. Attachment B-2: Copy of DC Tax Letter/Coupon/Voucher.
4. Attachment B-3: Copy of Federal Tax Return Transcript/Coupon/Voucher.
5. Attachment C-1: Current Certificate of Good Standing from the DC Department of Consumer and Regulatory Affairs (DCRA) for each domestic and foreign corporation with vehicles in your fleet.
6. Attachment C-2: A copy of the Articles and Certificate of Incorporation and By-laws; For Partnerships: An executed copy of the Partnership Agreement; For Associations: Current By-laws and other Rules and Regulations relating to the organization and operation of the association; For unincorporated entity provide proof of Unincorporated Business status. If there hasn't been any change from the prior year's filing then attachment C-2 is optional.
7. Attachment C-3: Copy of Prior Year's Filed Federal and Local Income Tax Returns.
8. Attachment E-1: Itemized schedule of all customer fees.
9. Attachment E-2: Current color scheme pictures if there has been any change from prior year's filing.
10. Attachment E-3: Vehicle List Report if there has been any change from the last report filed electronically.
11. Attachment E-4 : For non-taxicabs, a list of all licensed drivers (employees, lessees, or contractors)
12. Attachment E-5 Bureau of Traffic Adjudication Report.
13. Clean Hands Certification and DC Business Tax Registration.
14. Certificate-of-identity information on a form provided by the Office indicating the trade name of the

applicant, the persons authorized to sign for the applicant, and other identifying information required by the Office.

15. An identification of the types of taxicab services to be provided, including dispatch service, wheelchair-accessible service, and other specially-equipped taxicab service.
16. Identification of the number of hybrid taxicabs, wheelchair-accessible taxicabs, and other specially-equipped taxicab vehicles.
17. Verification that the applicant has applied for and is pre-approved for insurance that complies with District of Columbia insurance requirements and the requirements of chapter 9 of this title.
18. Name and any design, insignia, logo, term, symbol, lettering, or other exterior object, pursuant to § 503 of this chapter; and
19. The specially-equipped taxicab vehicle information, where applicable, required to be submitted by § 604 of this title.

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OPERATING AUTHORITY LICENSE APPLICATION - ANNUAL RENEWAL

AGENCY USE ONLY: Date Received _____ Authority No. 07 - _____ Receipt No. _____

SECTION A: BUSINESS LICENSE TYPE & FEE INFORMATION

TYPE OF AUTHORITY SOUGHT/FEE (Check one):

- | | |
|---|---|
| <input type="checkbox"/> Limousine Inter-jurisdictional Independent.....\$250 | <input type="checkbox"/> Limousine Inter-jurisdictional Company.....\$475 |
| <input type="checkbox"/> Limousine Company.....\$475 | <input type="checkbox"/> Limousine Independent.....\$250 |
| <input type="checkbox"/> Taxicab Company.....\$475 | <input type="checkbox"/> Independent Owner.....\$250 |
| <input type="checkbox"/> Taxicab Association.....\$475 | |

SECTION B: GENERAL INFORMATION

Applicant _____
(Corporate / Individual Name)

Trading As _____
(For-Hire Business Name)

Business Address _____
Street (P.O. Box prohibited)

City	State	Zip Code	Telephone
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Fax No. _____ E-Mail Address _____

DC Tax ID No. _____ Federal Tax ID No. _____

Provide a copy of your current occupancy permit. Identify as Attachment B-1.

Provide the original copy of the tax letter or coupon for the DC and Federal Tax IDs as Attachments B-2 and B-3 respectively.

SECTION C: BUSINESS STRUCTURE

(Check only **one** type of business per application)

1. **Corporation.**

a. State where incorporated: _____ Year of Incorporation: _____

b. Attach a current Certificate of Good Standing from the D. C. Department of Consumer & Regulatory Affairs for all domestic & foreign corporations. Identify as Attachment C-1

c. Attach a copy of articles of incorporation, certificate of incorporation and bylaws if there has been any change from the prior year's filing. Identify as Attachment C-2.

2. **Partnership.** Attach an executed copy of partnership agreement bylaws if there has been any change from the prior year's filing. Identify as Attachment C-2.

3. **Sole Proprietorship.**

4. **Unincorporated Association.** Attach a copy of current by-laws and other rules if there has been any change from the prior year's filing. Identify as Attachment C-2.

SECTION D: DC RESIDENT AGENT FOR SERVICE OF LEGAL PROCESS

Name (applicant or authorized representative) _____

(Area Code) Telephone _____ (Area Code) FAX _____

DC Street Address and Zip code _____

Email _____ Agent Signature _____

SECTION E: OPERATIONAL FITNESS EVIDENCE

1. Attach an itemized schedule of all customer fees including but not limited to the list provided below. Identify as Attachment E-1.

- a. Membership Fee.....
- b. Dispatch Fee.....
- c. Insurance Fee.....
- d. Rental Fee.....by PVIN and type vehicle (WAV, taxi)
 - Are you registered with DCRA as a rental taxi provider Yes N
 - Provide proof of tax payment. Identify as Attachment E1.1

2. For taxicab owners, attest that all vehicles in your fleet are painted in the Uniform Colors Scheme or have received Extension Provide an electronic list of the vehicles not in Uniform Colors. Identify as Attachment E-2.

Provide an electronic copy of your vehicle list report in spreadsheet template of all vehicles in your fleet. Identify as Attachment E-3

3. For non-taxicabs, Independents and Associations, a list of all licensed drivers (employees, lessees, or contractors), who use, own or operate any vehicle affiliated with your operating authority. The list shall include the driver's full name, date of birth, operator's permit number, licensing state and vehicle tag number. Identify as Attachment E-4.

4. A ticket report from the Bureau of Traffic Adjudication. Identify as Attachment E-5.

SECTION F: AUTHORIZED OFFICIALS

The persons whose names and signatures appear below are authorized to sign for all licenses, permits, and official documents on behalf of the business named on this application.

TITLE	PRINTED NAME	SIGNATURE	DATE	HOME ADDRESS	PHONE	FAX	EMAIL
President							
Vice President							
Secretary							
Treasurer							
Manager							

SECTION G: APPLICANT NOTARIZED ATTESTATION

I, _____, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States of America that all information supplied on this form and any attachments hereto is true and correct to the best of my knowledge and belief. I further certify that there is/are no proceeding(s), either completed or pending, in which the applicant has been found unfit, had articles of incorporation or business license revoked by this Commission, the District of Columbia Office of Consumer and Regulatory Affairs or any other regulatory body in the District of Columbia or any other jurisdiction or any court of law in the District of Columbia or any other jurisdiction. Note: If there are or were such proceedings, provide the following for all proceedings whether completed or pending:

Description _____

Case No & Name _____

Regulatory Body _____

Date Instituted _____ Date Completed _____

I, the applicant, hereby certify that I have access to and am familiar with the requirements of the laws, rules and regulations applicable to public vehicles-for-hire, public vehicle-for-hire licenses, public vehicle-for-hire operating authorities and any and all other applicable requirements. I certify that I will comply with these laws, rules and regulations, specifically Title 31 of the DCMR, and all Commission orders and requirements.

Applicant's Name _____ Title _____ Signature _____ Date _____

I (Applicant signature) _____, being duly sworn, depose that I am the individual making the foregoing statements and signing the foregoing application, and that the statements contained in this application are true to the best of my own knowledge and belief. Sworn and subscribed to before me on this _____ day of _____, 20_____.

My Commission expires: _____ City/County of _____

NOTARY PUBLIC

District/State of _____

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL,
CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639

NOTICE OF NON DISCRIMINATION: In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2-1401-01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by this Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.