



# BUSINESS REGISTRATION APPLICATION

## FIRST AID, MEDICAL TRANSPORT, LIMOUSINE SERVICES

Type or print clearly in ink. Information provided is subject to investigation and may result in the request for additional information.

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Office Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

Company Website \_\_\_\_\_

Please list all principals of the company and indicate the title of each. Principals include owners, shareholders, partners, directors, officers, and managers.

\_\_\_\_\_  
Name Title Phone

\_\_\_\_\_  
Street Address City Zip

\_\_\_\_\_  
Name Title Phone

\_\_\_\_\_  
Street Address City Zip

\_\_\_\_\_  
Name Title Phone

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\_\_\_\_\_  
Street Address City Zip

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**TYPE OF BUSINESS** Check one of the following definitions which applies to your business:

- 1. \_\_\_ First aid vehicle: Any motor vehicle for hire that is constructed, equipped or regularly provided for the transportation in the sitting or non-recumbent position of persons, and in connection therewith the rendering of first aid care as defined in Eugene Code Chapter 3.
- 2. \_\_\_ Medical transport vehicle: Any motor vehicle for hire that is constructed, equipped or regularly provided for the transportation in the sitting or non-recumbent position of non-ambulatory or medically impaired persons not requiring ambulance services as defined in Eugene Code Chapter 3.
- 3. \_\_\_ Limousine: an unmarked luxury class motor vehicle that is operated for hire on a reserved, hourly basis, and used on a prearranged basis for special or business functions, weddings, funerals or similar purposes.

Describe the services that you intend to provide:

\_\_\_\_\_

What geographical area will you serve?

\_\_\_\_\_

Name of your insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Name and phone number of insurance agent:

\_\_\_\_\_

**Registered Agent**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Street Address City Zip

**Attach a photo of each vehicle and a rate sheet.**

**APPLICANT'S STATEMENT**

Applicant agrees to defend, indemnify, and hold harmless the City of Eugene, its officials, agents, and employees for all claims of injury to property or persons that may arise as a result of any activity carried on by the registrant.

I have read and understood the regulations that pertain to my business. My company is in full compliance with all laws, rules, and regulations. I will notify the city, in writing, within 10 days if there are any changes in the information provided on this form.

\_\_\_\_\_  
Signature of owner or business manager

\_\_\_\_\_  
Date