



# City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362  
Phone (503) 845-9291 Fax (503) 845-6261

## Ambulance Service Provider License Application

Name of Provider: \_\_\_\_\_

Contact Person/Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**1. PHYSICAL ADDRESS:**

Provide the address and from which the ambulance service operates.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. DESCRIPTION OF PREMISES:**

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**3. PROVIDE COPIES WITH THIS APPLICATION:**

- Applicant's franchise agreement with Marion County
- Applicant's Oregon Health Authority-issued ambulance service license
- Proof of general liability insurance as required in OAR 682.105

**4. THE APPLICANT(S) SHALL CERTIFY TO:**

a) Defend, indemnify, and hold harmless the City, its officers, agents, and employees, against all liability, loss of expenses, including attorney's fees, and against all claims, actions or judgments based upon or arising out of damage or injury (including death) to persons or property caused by any act or omission in connection with the performance of the licensee under its license; and

b) Comply with all applicable state and local laws and regulations while operating within the city, including the requirements of the Marion County Ambulance Service Plan; and

c) Provide additional information as the City Administrator deems necessary for the proper and efficient administration of Ordinance 731 (the Ambulance Licensing Ordinance).

**5. LICENSE FEE, TERM, AND RENEWAL INFORMATION:**

The license fee is due and payable to the City for each license term. The fee shall be paid to the city on or before the date any license or renewal is issued. The fee is set by resolution of the City Council in an amount that is fair and reasonable, taking into account the costs of the licensing program and the benefits provided by the City to Ambulance Service Providers.

The term of an ambulance service license will begin on the date of issuance and expire the following June 30th, and shall be renewable for subsequent renewal periods of one year.

Application for renewal of an ambulance service license must be submitted to the City at least 30 days before license's expiration date and must be accompanied by all required fees and documentation.

The ambulance service provider must provide the City 180 days notice prior to terminating service in the city.

**SIGNATURE** \_\_\_\_\_  
APPLICANT/OWNER

**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_  
APPLICANT/OWNER

**DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Attached:	<input type="checkbox"/> County Franchise	<input type="checkbox"/> OHA License	<input type="checkbox"/> Proof of Insurance
Fee: _____	Per Res. #: _____	Date Paid: _____	Receipt #: _____
Approval by (print): _____	Title: _____		
Approval by (signature): _____	Date: _____		
License Number: _____	License Expires: _____		