

APPLICATION FOR TAXI CAB LICENSE
CITY OF ST. IGNACE
(Under Ordinance 363)

I hereby apply for a taxi cab license(s) under Ordinance 363, and give the following information:

Name of Applicant: _____

Date of Birth: _____

Address: _____

Occupation: _____

If applicant is a partnership give names, addresses of all partners, or if a corporation the names and addresses of all officers and directors:

Number of licenses applied for: _____

Number of licenses now held: _____

Equipment to be licensed:

	1	2	3	4
Year				
Make				
Model				
Body Style				
VIN Number				
License Plate Number				
Seating Capacity				

Do you have any unpaid or unbounded judgments of record against you? Yes or No (Please circle)

If yes, by whom held? _____

Amount: _____ Court where held: _____

What experience have you had in operation of taxi cabs or other common or public carriers?

Have you been arrested or did you plead guilty during the last 5 years to any felony, crime or misdemeanor?

Yes or No (Please circle) if yes, please give the following information:

Nature of Offense: _____

Court where handled: _____

Plea of guilty _____ or conviction _____ (Check one that applies)

NOTE: If applicant is a partnership or corporation, each partner or each officer must answer this questions on the reverse side hereof.

Place or places within the city or elsewhere where the applicant proposes to establish his office and operate his taxi cab business: _____

Do you have any lien, mortgage or other encumbrances including conditional sales contracts on any of your equipment?
 Yes or No (Please circle)

If yes, fill in the following:

	1	2	3	4
Car & Year				
Type of Encumbrance				
Holder				
Amount				

Can you supply insurance to the City as required in Section #4 of Ordinance 363? Yes or No (Please circle)

Do you agree to abide by the rate schedule approved by the City Council? Yes or No (Please circle)

I herewith deposit the Ten Dollars (\$10.00) license fee with this application.

I hereby certify that the foregoing application for a taxi cab license contains truthful answers to the questions asked and information sought, and that it is made for the purpose of inducing the City council to issue the taxi cab license(s) requested. I hereby acknowledge reading Ordinance 363 (Taxi Cab Ordinance).

 Date:

 Applicant Signature:

Taxi Cab Vehicle Inspection
 by City of St. Ignace Police Department

The above listed vehicles have been inspected by:

 Authorized Signature

 Title

 Date

Clerk's File:

Date presented to Council: _____

Date accepted or rejected: _____ (Strike One)