



City of
GRAND HAVEN, MICHIGAN

**APPLICATION TO ADD VEHICLE TO EXISTING
TAXICAB BUSINESS LICENSE**

Please return application to: City of Grand Haven Clerk's Office
519 Washington Avenue
Grand Haven, MI 49417
www.grandhaven.org
Phone: 616-847-4886
Fax: 616-842-0648

Fees: \$25 each additional vehicle
(Added to Existing Business License)

Insurance: P/L 100/300,000 - P/D 50,000

1. Name of service _____
2. Applicant's Full Name:
(First) _____ (Middle) _____ (Last) _____
Street Address _____ State _____ Zip _____
Telephone _____ Birth Date _____ Age _____
3. List vehicle(s) including the name, year, motor and/or serial number and the seating capacity of such vehicles according to its trade rating.

4. Color scheme and/or insignia to be used to designate the vehicle(s).

5. Type and make of taximeter to be used _____

6. Examination of vehicle(s) _____
7. City manager recommendation _____
8. Director of public safety recommendation _____
9. Proof of insurance (P/L 100/300,000 – P/D 50,000) _____

Applicant's Affirmation of Truth and Understanding

The undersigned, by the execution of this application, agrees to conform to all the terms and provisions of the code of ordinances of the city of grand haven and does represent that he/she has read the foregoing application by him/her signed, and knows the contents thereof, and that the same is true of his/her own knowledge, except as to the matters therein stated to be upon his/her information and belief, and as to those matters he/she believes to be true.

X _____
Authorized Applicant's Signature, Date

Driver's License Number

X _____
Director of Public Safety Approval

Date

Clerk's Use Only

- | | |
|--|--|
| <input type="checkbox"/> Application Received _____ (Date) | <input type="checkbox"/> Application Fee Received _____ (Date) |
| <input type="checkbox"/> Approved _____ (Date) | |
| <input type="checkbox"/> Denied _____ (Date) | <input type="checkbox"/> Proof of Insurance _____ (Date)
(City named as additional insured) |

