



*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](http://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

**Required attachments:** Proof(s) of insurance, mechanic's affidavit(s)

1. **Name of service** \_\_\_\_\_
2. **Applicant's Full Name:**  
**(First)** \_\_\_\_\_ **(Middle)** \_\_\_\_\_ **(Last)** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Age** \_\_\_\_\_
3. **List vehicles including the name, year, motor and/or serial number and the seating capacity of such vehicles according to its trade rating.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **Proof of insurance (P/L 100/300,000 – P/D 50,000)** \_\_\_\_\_
5. **Color scheme and/or insignia to be used to designate the vehicle(s).**  
\_\_\_\_\_  
\_\_\_\_\_
6. **Type and make of taximeter to be used** \_\_\_\_\_  
\_\_\_\_\_
7. **Public safety examination of vehicle(s) (date)** \_\_\_\_\_
8. **City manager recommendation** \_\_\_\_\_
9. **Director of public safety recommendation** \_\_\_\_\_

***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"/> Mechanic's Affidavit(s) _____ (Date)                                  |
| <input type="checkbox"/> Denied _____ (Date)               | <input type="checkbox"/> Proof of Insurance _____ (Date)<br>(City named as additional insured) |