



City of  
**GRAND HAVEN, MICHIGAN**

**APPLICATION FOR 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:** \$100 first vehicle, \$25 each additional vehicle  
(One Year Renewable 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. **Is applicant(s) a person, partnership, corporation or other legal entity?**  
\_\_\_\_\_  
\_\_\_\_\_

4. **Applicant's experience in the transportation of passengers for hire:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Applicant's financial status. Please include the amounts of any and all unpaid judgments and the nature of the transaction.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Why would this service be convenient and necessary for the public?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Number of vehicles proposed to be operated by applicant** \_\_\_\_\_

8. **List vehicles including the name, year, motor and/or serial number and the seating capacity of such vehicles according to its trade rating.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

10. **Type and make of taximeter to be used** \_\_\_\_\_

\_\_\_\_\_

11. **Examination of vehicle(s)** \_\_\_\_\_

12. **City manager recommendation** \_\_\_\_\_

13. **Director of public safety recommendation** \_\_\_\_\_

14. **City council approval/denial** \_\_\_\_\_

15. **Proof of insurance (P/L 1 00/300,000 – 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***

Application Received \_\_\_\_\_ (Date)

Application Fee Received \_\_\_\_\_ (Date)

Approved \_\_\_\_\_ (Date)

Denied \_\_\_\_\_ (Date)

Proof of Insurance \_\_\_\_\_ (Date)  
(City named as additional insured)

