



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
Phone: 616-847-4886
Fax: 616-842-0648

Please refer to the attached ordinance for all requirements for this business license.

Fees: \$100 first vehicle, \$25 each additional vehicle, non-refundable
(One Year Renewable 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. 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. **Proof of insurance (P/L 1 00/300,000 – P/D 50,000)** _____
10. **Color scheme and/or insignia to be used to designate the vehicle(s)**

11. **Type and make of taximeter to be used** _____
12. **Public safety examination of vehicle(s) (date)** _____
13. **City manager recommendation** _____
14. **Director of public safety recommendation** _____
15. **City council approval/denial (new applications only)** _____

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)
- Approved _____ (Date)
- Denied _____ (Date)

- Application Fee Received _____ (Date)
- Mechanic's Affidavit(s) _____ (Date)
- Proof of Insurance _____ (Date)
(City named as additional insured)