



City of
GRAND HAVEN, MICHIGAN

APPLICATION FOR TAXICAB DRIVER'S 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, non-refundable (*One Year Renewable License*)

Other: Passport photos (2), Certificate from a physician certifying that the applicant is not afflicted with any disease or infirmity which might make the applicant an unsafe driver.

1. **Name of service** _____

2. **Applicant's full name, age, address, birth date, and telephone number**

3. **Applicant's experience in the transportation of passengers**

4. **Applicant's history of previous experience as a taxicab driver**

5. **City manager recommendation** _____

6. **Director of public safety recommendation** _____

