

CITY OF TRAVERSE CITY
APPLICATION FOR TAXICAB LICENSE



Applicant Name: _____
Individual ____ Partnership ____ Corporation ____
Business Name: _____
Business Address: _____
Location of Terminal: _____
Name and Address(s) of all parties with any ownership interest in the Applicant: _____

Please choose one: New License ____ Renewal License ____

Number of cars to be licensed: ____

Have you attached statement of experience in taxicab business? _____

Color scheme of insignia used to designate the taxicabs: _____

Have you attached statement of facts regarding necessity of License? _____

Have you attached Balance Sheet? _____ What are hours of operation? _____

Have you attached the vehicle registration of vehicles to be operated? _____

Have you attached insurance certificate listing each vehicle to be used? _____

Have you attached a copy of the valid Chauffeur License for all taxicab drivers? _____

(You are responsible for providing such license to the City Clerk for drivers added throughout the year.)

**Insurance document shall indicate that the City Clerk shall be notified in writing by the Insurance Carrier immediately in the event of any lapse, reduction or change in insurance coverage.

The undersigned, being duly sworn, deposes and says he wishes to be permitted to perform the operation, service, or act stated hereon and that the statements made above are true and correct to the best of his knowledge and belief. Deponent further says that he will comply with all provisions of the ordinances of the City of Traverse City and the laws of the State of Michigan relative to the operation, service, or act for which this license is required during the period the license is in effect.

Deponent further agrees to hold the City of Traverse City free and harmless from all liability which may be imposed upon it, to reimburse the City of Traverse City for any legal liability that may be adjusted against it and to reimburse the City of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the operation, service, or act for which the license was issued.

(Continues on back)

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

The License holder shall submit to the City Clerk 30 days' advance written notification of any proposed changes in the above required information.

Applicant's Date of Birth

Driver's License Number

Signature

Title

Printed Name

Phone Number

Address

Date

**Initial License – non-refundable \$435.00 application fee.
Renewal License – non-refundable \$240.00 application fee.**

Payment must be submitted with application