



**Taxicab Company License
APPLICATION**

Fees: \$25.00 per vehicle per year

License Period: January 1 – December 31, 20__

Fee Received: \$ _____

Date Received: _____

Instructions

This application must be filled out in full and signed by the applicant(s).

Please type or print clearly all information. Any false statement is sufficient cause for exclusion of the applicant from consideration of licensing. Read each question carefully and answer all that is asked. All applications are subject to City Council approval.

OWNERS: All applications must include:

- copy of vehicle(s) registration
- certificate of insurance for each vehicle
- approved vehicle inspection form for each vehicle
- applicable fees

OWNERS INFORMATION – Print or Type all information

Name of Applicant: _____

Company Name: _____

Company Address: _____

Telephone Number: _____

If applicant is a corporation, give name and address of registered agent, Minnesota Tax ID Number, Federal Employer Identification Number:

MN Tax ID#: _____ FEIN: _____

If applicant is a sole proprietor or partnership, give names, addresses and Social Security Number of owner/partners. (Attach sheet with additional owners/partners if necessary.)

Name: _____

Name: _____

Address: _____

Address: _____

SSN: _____

SSN: _____

VEHICLE INFORMATION – Print or Type all information

Make and Model of Vehicle: _____
Color: _____ Year: _____ License Plate #: _____
VIN Number: _____ Vehicle Capacity: _____
Address where this vehicle will be located when not on duty:

VEHICLE INFORMATION – Print or Type all information

Make and Model of Vehicle: _____
Color: _____ Year: _____ License Plate #: _____
VIN Number: _____ Vehicle Capacity: _____
Address where this vehicle will be located when not on duty:

VEHICLE INFORMATION – Print or Type all information

Make and Model of Vehicle: _____
Color: _____ Year: _____ License Plate #: _____
VIN Number: _____ Vehicle Capacity: _____
Address where this vehicle will be located when not on duty:

VEHICLE INFORMATION – Print or Type all information

Make and Model of Vehicle: _____
Color: _____ Year: _____ License Plate #: _____
VIN Number: _____ Vehicle Capacity: _____
Address where this vehicle will be located when not on duty:

By my signature below, I hereby swear and affirm that:

- I agree that I will inform the City of Grand Rapids in writing within three (3) days of any change in, or addition to, the information set forth in this application.
- I am the owner/owners of the above named company; that the answers provide by me are statements of fact and are true to the best of my knowledge, information and belief.

Owner(s) Name (printed) _____

Owner(s) Signature: _____

Owner(s) Name (printed) _____

Owner(s) Signature: _____

Owner(s) Name (printed) _____

Owner(s) Signature: _____