

CITY OF NEWAYGO
Application for Taxi License

Date: _____ Permit #: _____ Fee: _____

A. Applicant Information: (if not individual, list business)

Owner Information: (if different than applicant)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name(s) of individuals operating the taxi: _____

B. Property Location of Business:

Property Address: _____

Times of operation each day: _____

C. Requirements:

- _____ Copy of General Liability Insurance Policy in a face amount not less than one million dollars (\$500,000) naming the City of Newaygo as a co-insured
- _____ Attach to this form, a copy of each vehicle used, with description of vehicle and license number
- _____ State Sales Tax License of the business
- _____ Copy of driver's license of all individuals operating the taxi (s)

D. Convictions: Has the applicant(s), or any of the person(s) conducting the driving, been convicted of a crime, misdemeanor or the violation of any municipal ordinance? Yes No

If Yes, list the person(s), charge(s) and nature of conviction: _____

No license shall be granted to any applicant until the applicant has complied with all of the ordinance requirements pertaining to the business listed above and all fees have been paid.

A licensee shall carry the license issued (this signed form) at all times when engaged in the operation, conduct or maintenance of any business for which the license was granted. No license issued under this provision is transferable. I/we _____ do hereby swear that the above information is true and correct to the best of my/our knowledge. False information on the above application may result in the rejection of the application or revocation of the taxi license.

Applicants: _____
Signature Signature

Date: _____

Taxi License (con't)

To be completed by the City of Newaygo Office

A taxi license for the above application is hereby:

() Approved

() Denied

License Expires: December 31, 20

Restrictions/reasons for action: _____

City Manager: _____

Date: _____

Chief of Police: _____

Date: _____