

CITY OF OAK PARK, MICHIGAN
APPLICATION FOR TAXI-CAB LICENSE

THE CITY CLERK'S OFFICE:

NAME OF FIRM OR CORPORATION _____

NAME OF APPLICANT (OWNER) _____

ADDRESS OF APPLICANT _____ HOME PHONE NO. _____

TELEPHONE NUMBER TO BE USED BY SAID COMPANY _____

NUMBER OF CARS _____

DETAILED DESCRIPTION OF MOTOR VEHICLES TO BE LICENSED:
Make and model of each automobile to be used, horsepower, engine number,
seating capacity, license plate numbers

TWO CHARACTER WITNESSES (NON-RELATIVE):

NAME _____

ADDRESS _____

PHONE NUMBER _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR; IF SO, EXPLAIN:

EXPERIENCE IN SAID BUSINESS? _____ YES _____ NO IF SO, WHERE AND WHEN: _____

NAME AND ADDRESS OF INSURANCE COMPANY: _____

AMOUNT OF INSURANCE: _____

TYPE OF INSURANCE: _____

SIGNATURE OF APPLICANT

ON THIS _____ DAY OF _____ 20____, BEFORE ME, PERSONALLY APPEARED

_____, WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE IS THE ABOVE NAMED APPLICANT. THAT HE SIGNED THE ABOVE APPLICATION AND THAT THE STATEMENTS AND ANSWERS CONTAINED THEREIN ARE TRUE.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

I HAVE EXAMINED THE ABOVE APPLICATION AND (APPROVED, DISAPPROVED) THE ISSUANCE OF LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE TAXI-CAB ORDINANCE.

ISSUING OFFICER

LICENSE ISSUED

LICENSE NO.

CITY CLERK

ALL LICENSES SHALL BE ANNUAL AND EXPIRE ON THE 31ST DAY OF DECEMBER. THE ANNUAL FEE IS \$75.00 PER VEHICLE. THE AMOUNT FOR CABDRIVERS SHALL BE \$2.00.