



Office Use:	License #:	_____
	Number of Vehicles:	_____
	Fee Paid:	_____
	Date:	_____
Approved by City Commission on		_____
	ISSUED:	_____

APPLICATION – TAXI CAB LICENSE

(According to the Provisions of City of Lapeer Ordinance:
Chapter 20 (Business Licenses and Regulations), Section 20.00 and Section 20.02)

Business Information:

Business Name: _____
 Address: _____
 Telephone #: _____

Owner's Information:

Owners Full Name: _____
 Address: _____
 Telephone #: _____

Vehicle Information: (If additional space is needed, please use back of this form.)

Make of Vehicle:	Year:	Vehicle #
_____	_____	_____
Make of Vehicle:	Year:	Vehicle #
_____	_____	_____
Make of Vehicle:	Year:	Vehicle #
_____	_____	_____

Applicant must furnish the following additional information:

- Nonrefundable Application Fee.
- List of taxicab drivers to be used under this request (new drivers within 10 days).
- Copy of driver license for all taxicab drivers to be used under this request (new drivers within 10 days).
- Statement from a reputable physician dated not more than ten (10) days prior to submission of application and/or the addition of new taxicab driver(s), certifying each driver to be free of contagious, infection or communicable disease.
- Copy of liability insurance for each licensed vehicle. Each copy shall contain a clause obligating the insurer to give the City Clerk ten (10) days notice of cancellation/termination.

By filing this application, I acknowledge I have read the appropriate Ordinance Section, and I authorize the City of Lapeer to conduct a background check on myself, the applicant, as well as on the employees contained within this application. In addition, by signing this application, I affirm that the information provided is accurate and that, if a license is granted, I will abide by all applicable ordinances, statutes, regulations and laws.

Signature of Applicant: _____ Date: _____

OFFICE USE:

Police Department:	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval	
Signature: _____			Date: _____
City Clerk:	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval	
Signature: _____			Date: _____