

TAXI LICENSE APPLICATION
City of South Haven

Full Name of Applicant _____

Business Name _____

Business Address _____

Owner's Name _____ Phone _____

Have you ever been convicted of a crime, excluding minor traffic offenses, misdemeanor or the violation of any municipal ordinance? _____ If yes, describe in full. _____

STATE OF MICHIGAN, County of Van Buren

By signing below, you solemnly swear that you will support the Constitution of the United States and the Constitution of the state of Michigan and that you will faithfully discharge the duties of operating a taxicab business in the City of South Haven, Michigan according to the best of your ability.

Signature of Applicant _____ Date _____

Renewed on a license year basis beginning June 1 and ending May 31

Attach the following documents:

- Proof of insurance or surety bond
- Copies of the Driver's Licenses of all drivers
- Copy of the fares as posted
- All documents from Police Department for each vehicle

-----Office Use Only-----

of Vehicles: _____ Application Fee: _____ (\$10.00 per vehicle/per year)

Approved by Chief of Police _____ Date _____

Approved by Clerk _____ Date _____