

CITY OF STERLING HEIGHTS
TAXICAB BUSINESS LICENSE

SUBMIT TO: CITY CLERK
CITY OF STERLING HEIGHTS
40555 UTICA ROAD
P.O. BOX 8009
STERLING HEIGHTS, MI 48311-8009

Applicant Information:

Full Name _____ Age _____ Date of Birth _____

Address _____

Phone Number _____ Cell Phone Number _____

Email Address: _____

Michigan Driver's License No. _____

Sex _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Age _____ U.S. Citizen? _____ Naturalized? (number and place) _____

Marital Status _____ Michigan Resident? _____ How Long? _____

Business Name _____

Business Address _____

Phone No. _____

List all crimes, misdemeanors, felonies or violations of any ordinances for which you have been convicted, fined, imprisoned, placed on probation or ordered to post bond or bail. Indicate, in each case, the date, nature of violation, name and location of court, City or Township, where it occurred, and final disposition of the case. If None, write "None".

Page Two

Explain below all past experience you have had either driving or as an owner of a taxicab business:

How many vehicles do you have in operation or intend to put into operation? _____

Location from which these vehicles operate, or if a new business, the location of proposed depots and terminals:

If you presently own a taxicab business, indicate the name of your insurance company, policy number and amount of insurance (attach copy of policy to application):

List below all debts of applicant/business resulting from a present business. If a new business, list below from whom, amount and termination date of all debts to be incurred if license is granted:

List below all unpaid judgments, to who owned, and nature of transaction or acts causing judgments:

Page Three

Indicate below any facts which you believe tend to prove that public convenience and necessity require the granting of a license:

I, _____, do hereby solemnly swear or affirm that all statements contained in this application are true and correct to the best of my knowledge, information and belief. I understand that any false information in this application may result in the revocation of any license by the City of Sterling Heights.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

_____ County, Michigan

My commission expires: _____

NOTE: If there is more than one owner, an application must be filed for each person.

Documents which must be attached to this application:

- _____ Annual license fee in the amount of \$109.00 (license expires on 12/31 of each year)
- _____ Certificate of Insurance: \$100,000 bodily injury one person; \$300,000 injuries to more than one person; \$25,000 property damage
- _____ Copy of applicant's Michigan Driver's license
- _____ Copy of lease or deed for proposed location

Approval must be obtained from the following departments before issuance of license:

- _____ Building Department Approval, date: _____
- _____ Fire Department Approval, date: _____
- _____ Police Department Approval, date: _____
- _____ Planning/Zoning Department Approval, date: _____
- _____ **Council Approval**, date: _____

- _____ Date License issued _____
- _____ Notification to departments when license has been issued

License No.: _____

License Expiration Date: _____

Issued by: _____

Approved by: _____