



# Initial Application for Taxicab Permit

City of Clare, 202 W. Fifth St., Clare MI 48617  
Phone (989) 386-7541 Fax (989) 386-4508

ISSUANCE OF PERMIT IS PURSUANT TO TERMS SET FORTH IN CHAPTER 48 OF THE CITY OF CLARE  
CODE OF ORDINANCES. FEE \$10 1<sup>st</sup> Cab/\$5 every cab thereafter; \$1.00 per driver.

DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG AT THIS ADDRESS \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
INSURANCE CO. \_\_\_\_\_ PHONE \_\_\_\_\_  
POLICY NO. \_\_\_\_\_ DATES OF COVERAGE \_\_\_\_\_

(COPY OF ACTIVE INSURANCE POLICY MUST BE SUBMITTED WITH APPLICATION)

## **FINANCIAL STATUS**

AMOUNT OF ALL UNPAID JUDGEMENTS \_\_\_\_\_  
NATURE OF TRANSACTION OR ACTS CAUSING JUDGEMENTS \_\_\_\_\_

## **EXPERIENCE**

ARE YOU OPERATING A TAXICAB AT PRESENT \_\_\_\_\_ WHERE \_\_\_\_\_  
HOW LONG \_\_\_\_\_ AS OWNER OR DRIVER \_\_\_\_\_  
PRIOR EXPERIENCE \_\_\_\_\_  
WHY DO YOU FEEL THIS SERVICE IS NECESSARY FOR CLARE \_\_\_\_\_  
NUMBER OF VEHICLES TO BE OPERATED \_\_\_\_\_ TYPE OF EQUIPMENT \_\_\_\_\_  
COLOR OF VEHICLES \_\_\_\_\_ INSIGNIA \_\_\_\_\_  
TERMINAL LOCATION \_\_\_\_\_  
DISPATCH SERVICE PROVIDER \_\_\_\_\_ PROPOSED SERVICE HOURS \_\_\_\_\_

SIGNED \_\_\_\_\_

Subscribed and sworn before me, a Notary Public in and for \_\_\_\_\_ County  
This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires