

CITY OF PARK RAPIDS, MINNESOTA
Application for a Taxicab License

To the City of Park Rapids, Hubbard County, Minnesota:

The undersigned hereby applies for license to operate a Taxicab Business in the City of Park Rapids pursuant to the provisions of the City Code Section 58-26 to 58-36.

(A separate application must be made for each Taxicab in operation.)

Applicant's Full Name _____ Date of Birth _____

Business Name _____

Address _____

Telephone(Business) _____ (Home) _____

Holder of legal Title to Vehicle _____

If mortgaged, Name of Mortgagee _____

Please Note: Drivers of this licensed taxicab are required to sign a consent for release of information and are subject to a driver's license and criminal background check., according to Ordinance No.302.

Names of Driver Operators _____ Driver's License # _____

Does the Owner collect revenues and pay expenses _____

Make of Car _____ Engine # _____

Serial # _____ License # _____

Make & Model _____ Passenger Capacity _____

There is deposited herewith \$ _____ in payment of license fee for one year beginning _____, _____ ending December 31, _____. (this license shall not be pro-rated)

A copy of the liability insurance policy covering said vehicle is required,

Insurance Company	Agent's Name	Expiration Date
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Signature	Date
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Fee Schedule adopted March 28, 2000: Taxi Cab License \$25.00 for first vehicle \$10.00 for each additional vehicle.