



City of Petoskey

101 East Lake Street, Petoskey, Michigan 49770 • 231 347-2500 • Fax 231 348-0350

APPLICATION FOR TAXI LICENSE

BUSINESS INFORMATION	
Name of Business:	
Address (Include mailing address, if different):	
Business Telephone Number:	Web Site Address:

APPLICANT INFORMATION	
Name of Applicant: (First, Middle, and Last Name in Full)	Position/Title:
Street Address (Include mailing address, if different):	
City, State, Zip Code:	
Telephone Number:	
Date of Birth:	Social Security Number:
Driver's License Number:	

VEHICLE INFORMATION					
Year	Make	Model	Color	Seat Capacity	License Number

**Enclose proof of insurance for each vehicle listed and a schedule of rates.
Annual license fee: \$25.00 first vehicle; \$5.00 each vehicle thereafter; expires May 31 each year**

SIGNATURE	
I declare that the information provided herein is true and accurate to the best of my knowledge, information, and belief.	
_____	_____
Date	Applicant Signature

PLEASE LIST ALL ADDITIONAL DRIVERS ON ATTACHED PAGES

DRIVER INFORMATION	
Name of Driver: (First, Middle, and Last Name)	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Date of Birth:	Social Security Number:
Driver's License Number:	

DRIVER INFORMATION	
Name of Driver: (First, Middle, and Last Name)	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Date of Birth:	Social Security Number:
Driver's License Number:	

DRIVER INFORMATION	
Name of Driver: (First, Middle, and Last Name)	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Date of Birth:	Social Security Number:
Driver's License Number:	

DRIVER INFORMATION	
Name of Driver: (First, Middle, and Last Name)	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Date of Birth:	Social Security Number:
Driver's License Number:	

DEPARTMENT OF PUBLIC SAFETY COMMENTS