

APPLICATION FOR TAXI CAB LICENSE

**CITY OF ALLEN PARK
Office of the City Clerk
16850 Southfield Road
Allen Park, MI 48101**

Name of Business _____

Address of Business _____

Type of Business _____

Business Telephone Number () _____ Extension if applicable _____

Fax Number () _____ E-MAIL _____

Name of Owner (s) _____ Home Telephone () _____

Home Address _____

Name of Owner (s) _____ Home Telephone () _____

Home Address _____

In case of Fire or Police emergency after closing hours, person or persons to be contacted who are in possession of keys:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

APPLICANT'S SIGNATURE _____

AMOUNT OF FEE \$ _____ DATE PAID _____ STAFF INITIALS _____

RECEIPT NUMBER _____ LICENSE NUMBER _____

FEE PER BOND PLATE: **\$50.00** TAB NUMBERS: _____

LIABILITY INSURANCE: \$100,000.00 MINIMUM