

**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