

**PLEASE READ INSTRUCTIONS THOROUGHLY!**

Please complete the attached Taxicab License (Business) application and return it with the following items to the City of Jamestown, 102 3<sup>rd</sup> Avenue SE, Jamestown, ND 58401:

1. **The license fee:**  
    **\$85.00 for 1st taxicab**  
    **\$40.00 for each additional taxicab**  
    (Check should be made payable to the City of Jamestown)
2. **A completed inspection report from a certified mechanic for each motor vehicle for which a license is sought stating the vehicle is found to provide safe transportation and to comply with state and city laws;**
3. **A rate schedule showing all proposed rates, fee and charges.**
4. **A certificate of insurance for each taxicab.**

CITY OF JAMESTOWN  
102 3RD AVENUE SE  
JAMESTOWN, NORTH DAKOTA 58401

TELEPHONE 701-252-5900  
FAX 701-252-5903

**APPLICATION FOR A TAXICAB LICENSE  
JANUARY 1ST THROUGH DECEMBER 31ST**

**LICENSE FEE: \$85.00 for the first taxicab and  
\$40.00 for each additional taxicab**

**A CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION WITH MINIMUM LIMITS AS FOLLOWS:**

**(\$100,000 per person for bodily injury or death, \$300,000 for all persons for bodily injury or death in any one accident, and \$5,000 for property damage in any one accident.)**

**A COMPLETED INSPECTION REPORT FROM A CERTIFIED MECHANIC FOR EACH MOTOR VEHICLE(S) FOR WHICH A LICENSE IS SOUGHT STATING THE VEHICLE IS FOUND TO PROVIDE SAFE TRANSPORTATION AND TO COMPLY WITH STATE AND CITY LAWS MUST ACCOMPANY THIS APPLICATION.**

**A RATE SCHEDULE SHOWING ALL PROPOSED RATES, FEES AND CHARGES MUST ACCOMPANY THIS APPLICATION.**

**A BACKGROUND CHECK WILL BE CONDUCTED ON APPLICANTS.**

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**NAME OF APPLICANT** \_\_\_\_\_

**RESIDENCE ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**NAME OF BUSINESS** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**BUSINESS TELEPHONE** \_\_\_\_\_

**EXPERIENCE IN THE TRANSPORTATION OF PASSENGERS** \_\_\_\_\_

\_\_\_\_\_

**LOCATION OF THE PROPOSED DEPOTS AND TERMINALS** \_\_\_\_\_

\_\_\_\_\_

**VEHICLE INFORMATION (Please list the year, make, model, the seating capacity and the vehicle identification number for each vehicle to be used as a taxicab.)**

<p><b><u>VEHICLE NO. 1</u></b> Year: _____ Make: _____ Model: _____ Seating Capacity: _____ VIN: _____</p>	<p><b><u>VEHICLE NO. 2</u></b> Year: _____ Make: _____ Model: _____ Seating Capacity: _____ VIN: _____</p>
<p><b><u>VEHICLE NO. 3</u></b> Year: _____ Make: _____ Model: _____ Seating Capacity: _____ VIN: _____</p>	<p><b><u>VEHICLE NO. 4</u></b> Year: _____ Make: _____ Model: _____ Seating Capacity: _____ VIN: _____</p>
<p><b><u>VEHICLE NO. 5</u></b> Year: _____ Make: _____ Model: _____ Seating Capacity: _____ VIN: _____</p>	<p><b><u>VEHICLE NO. 6</u></b> Year: _____ Make: _____ Model: _____ Seating Capacity: _____ VIN: _____</p>

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**SIGNATURE OF APPLICANT**