



NOVI CITY CLERK'S OFFICE
45175 W. TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
Fax (248) 347-0577

TAXICAB LICENSE APPLICATION
Chapter 35 – Ordinance 83-16.01

Business information:

Name of business: _____ Phone #: _____

Business address: _____

Business address where vehicles are operating out of: _____

Applicant information:

Applicant's name: _____

Applicant's home address: _____

Age of applicant: _____ Applicant's citizenship: _____

Present occupation of applicant: _____

If the applicant is a partnership, state the names, home addresses, citizenship and occupations of all partners. If the applicant is a corporation, state the names, home addresses and occupations of all officers and directors. If the applicant is a limited liability company, state the names, home addresses and occupations of all members, managers and assignees of membership interest.

State the experience of the applicant both in the City of Novi and elsewhere, in the operation of taxicabs or other common carriers.

State whether the applicant for such license, or, if a partnership, limited liability company or corporation, any of the partners, members, managers, assignees of membership interest, officers or directors, has ever been charged with, convicted of or pled guilty to any felony, crime or misdemeanor and if so, the date, nature of the offense and the court in which such charge was made, conviction was obtained or plea of guilty was entered.

Taxicab information:

State the make, body-style, year, serial and engine number, license plate number, seating capacity and weight of the taxicab(s) which the license is being applied for.

State the number of taxicabs for which the applicant holds licenses at the date of this application: _____

State whether the applicant is the owner of the taxicab(s) which the license is being applied for, and if not, the name of the owner.

State the place(s) within the City of Novi, or elsewhere, where the applicant proposes to operate the taxicab(s).

State whether there are any unpaid or unbonded judgments of record against the applicant, and if so, the title of all actions and the amount of all unpaid or unbonded judgments and the court in which they were rendered.

Attach a copy of the front and back of the applicant's driver's license.

Enclose a copy of insurance policy listing for each taxicab for which you are requesting a City license.

Each driver shall obtain a Taxicab Driver's Permit from the Clerk's Office prior to operating a taxicab within the city.

FEES

Application fee: \$210 due at the time of application (\$235 if renewed after June 30th)

Inspection fee: \$20 per vehicle (re-inspection fee is also \$20 per vehicle) due when license is picked up.

Cab license fee: \$25 per vehicle due when license is picked up.

Applicant shall contact the Novi Police Garage at (248) 347-0557 to arrange inspection of all vehicles listed on application.

Signature authorization for the City, its agents and employees to seek information regarding the truth of statements included herein:

Signature of applicant

Title

Subscribed and sworn before me, this ____ day of _____, 20__

Notary public

_____ County, Michigan

My commission expires: _____

For office use only

Date paid: _____ Receipt number: _____ Copy of driver's license: _____ Insurance certificate: _____