



CITY OF OAK PARK HEIGHTS APPLICATION FOR TAXI LICENSE

LICENSE YEAR ENDING DECEMBER 31, _____
New _____ Renewal _____

ANNUAL LICENSE FEE: \$60.00 per operator per year

Amount Paid: _____

Date Paid: _____

APPLICANT INFORMATION:

First Middle (No Initials) Last

Applicant Address City, State, Zip

Applicant Phone Number

Applicant Driver's License No. Driver's License Type

BUSINESS INFORMATION:

Business Name

Business Address City, State, Zip

Business Phone Number

Contact Person

VEHICLE DESCRIPTIONS: *(add additional sheets as necessary)*

Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

VEHICLE NO. 1

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

VEHICLE NO. 2

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

VEHICLE NO. 3

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

VEHICLE NO. 4

Make and Model of Vehicle

VIN #

License Plate No. Seating Capacity

DRIVERS INFORMATION: *(add additional sheets as necessary)*

This information will be used to perform a driver's license check. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

DRIVER NO. 1

First Middle (No Initials) Last

Driver's Address City, State, Zip

Driver's Phone Number Date of Birth

Driver's License No. Driver's License Type

DRIVER NO. 2

First Middle (No Initials) Last

Driver's Address City, State, Zip

Driver's Phone Number Date of Birth

Driver's License No. Driver's License Type

DRIVER NO. 3

DRIVER NO. 4

_____ First	_____ Middle (No Initials)	_____ Last
_____ Driver's Address		_____ City, State, Zip / /
_____ Driver's Phone Number	_____ Date of Birth	
_____ Driver's License No.	_____ Driver's License Type	

_____ First	_____ Middle (No Initials)	_____ Last
_____ Driver's Address		_____ City, State, Zip / /
_____ Driver's Phone Number	_____ Date of Birth	
_____ Driver's License No.	_____ Driver's License Type	

INSURANCE REQUIREMENTS

No taxicab license shall be issued until the applicant therefore shall obtain a policy or policies of liability insurance with an insurance company authorized to do business under the laws of the State of Minnesota and such policy or policies shall be approved by the City Attorney and filed with the City Clerk. Each insurance policy shall provide that it is non-cancellable without fifteen (15) days written notice to the City and the coverage shall be for the term of the license. The limit in any such insurance policy of liability of the insured on account of the ownership, maintenance and use of such taxicab shall be not less than \$100,000.00 for bodily injuries or the death of one person, and \$300,000.00 on account of any one accident resulting in bodily injuries to or death of more than one person and a total of \$50,000.00 liability for damage of property of others arising out of one accident.

Insurance Company	_____
Agent	_____
Policy Number	_____
Coverage Dates	_____
Phone Number	_____

THE UNDERSIGNED HEREBY AGREES TO OPERATE IN THE CITY OF OAK PARK HEIGHTS IN ACCORDANCE WITH THE REGULATIONS GOVERNING TAXIS AS SET FORTH IN THE CITY OF OAK PARK HEIGHTS CITY CODE. IT IS UNDERSTOOD THAT FAILURE TO CONFORM OR ABIDE RENDERS THIS LICENSE NULL AND VOID.

SIGNATURE OF APPLICANT

DATE

FOR POLICE DEPARTMENT USE ONLY

Vehicle Inspection

The Chief of Police or some other employee, on behalf of the City, designated by the Chief of Police, shall thoroughly and carefully examine each taxicab before a license is obtained to operate the same. No taxicab shall be licensed which does not comply with City Ordinance 1402.03.

Inspection Date	_____
Inspector Signature	_____
Notes	_____

Return this completed application to:

**City of Oak Park Heights
14168 Oak Park Blvd. N.
PO Box 2007
Oak Park Heights, MN 55082**