

DEPARTMENT OF FINANCE & REVENUE
CITY OF ABERDEEN
123 SOUTH LINCOLN ST.
ABERDEEN, SD 57401 – 4215
(605) 626-7023

APPLICATION FOR LICENSE FOR
TAXI CAB OR MOTOR BUS COMPANY

OFFICE USE ONLY:

Fee Paid _____
Rec. # _____ Year _____
New _____ Renew _____ Date Lic. Issued _____
Bond or Ins. No. _____
Effective From _____ To _____
Approved by Dept.: _____
Council: _____

LICENSE VALID FROM JAN. 1 THRU DEC. 31

TAXI CAB OR MOTOR BUS COMPANY (Please complete information on back)

Fee - \$50.00 first cab, \$25.00 each additional cab

Insurance: Property Damage \$100,000/Liability Bodily Injury/Death \$500,000
(See Section 58-27 of Revised City Ordinances)

Note: Changes in vehicle during license year must be reported to the
City Finance Office along with transfer fee of \$1.00

(PLEASE PRINT OR TYPE)

APPLICANT FULL NAME _____ PHONE # _____

CURRENT ADDRESS: _____

NAME & ADDRESS OF EMPLOYER _____
(IF OTHER THAN SELF) _____

COMPLETE THIS SECTION PERTAINING TO THE LICENSE FOR WHICH YOU ARE APPLYING:

TAXI CAB OR MOTOR BUS COMPANY:

1. VEHICLE INFORMATION:

OWNER NAME & ADDRESS	MAKE	MODEL	YEAR	VIN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. VEHICLE INSPECTION: PROVIDE A COMPLETED VEHICLE INSPECTION FORM FROM AN APPROVED TESTING GARAGE OR TESTING STATION FOR EACH VEHICLE IDENTIFIED ABOVE AS REQUIRED BY ABERDEEN CITY CODE, SEC. 58-26.

3. INSURANCE: PROVIDE PROOF OF PUBLIC LIABILITY INSURANCE SHOWING COVERAGE FOR EACH VEHICLE IDENTIFIED ABOVE AS REQUIRED BY ABERDEEN CITY CODE, SEC. 58-27.

I AGREE THAT IF THIS LICENSE IS GRANTED, I WILL CONFORM TO, AND OBEY ALL THE REQUIREMENTS OF THE LAW AND ORDINANCES GOVERNING THIS LINE OF BUSINESS.

DATE _____ **SIGNATURE** _____

<p>TAXI CAB OR MOTOR BUS COMPANY VEHICLE INSPECTION FORM</p>	<p>DEPARTMENT OF FINANCE & REVENUE CITY OF ABERDEEN 123 SOUTH LINCOLN ST. ABERDEEN, SD 57401-4215 (605) 626-7023</p>
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THE UNDERSIGNED MECHANIC HEREBY ACKNOWLEDGES AS FOLLOWS:

(PLEASE PRINT OR TYPE)

1. MECHANIC NAME _____ PHONE # _____
 NAME & ADDRESS OF GARAGE OR TESTING STATION:

2. I inspected the following vehicle on the date affixed to my signature:

MAKE	MODEL	YEAR	VIN
_____	_____	_____	_____

3. I acknowledge the following:

(CHECK EACH BLANK)

- I thoroughly and carefully tested and inspected the vehicle.
- I found the vehicle to be in a thoroughly safe condition for the transportation of passengers.
- I found the vehicle to be in a clean and sanitary condition.
- I found the vehicle to be in good repair.
- I found the vehicle to be of good appearance, without body damage, and well-painted.

4. I conducted mechanical tests and found each of the following to be in good working order:

(CHECK EACH BLANK)

- Brakes
- Speedometer
- Horn
- Windshield wipers
- Rearview mirror
- Steering mechanism
- Headlights
- Taillights
- Stoplights
- Tires, including spare tire

DATE _____ SIGNATURE OF MECHANIC _____