

Company information:

Company name: _____
 Company Address & City: _____
 Contact Number(s) : _____

Current rate for cab fares: _____

Owner(s) information: (List information for all owners of company. Use additional sheet if necessary.)

Owner's full name: _____ Date of birth: _____
 Home address & city: _____
 Contact Number(s): _____

Owner(s) signature(s): _____

By way of my/our signature(s) above, I/we hereby acknowledge the rights of the Privacy Act passed by Congress that no information can be provided to unauthorized personnel without my consent.

Application submission or questions: Submit completed application and appropriate fees to the Office of the City Clerk, 100 McMorran Boulevard, Port Huron, MI 48060. For questions, call 810-984-9725 Ext. 0.

Code references: Refer to Chapter 12, Businesses, Article XIII, Vehicles for Hire. You can visit the City's website at www.porthuron.org to obtain a complete copy of the code.

Fees: The annual fee for each taxicab license is \$35 per vehicle and \$20 to transfer an existing taxicab license to another vehicle. No license shall be issued to any person who is indebted or obligated to the City for any sum of money, other than for current taxes (per §12-38 of the City Code).

(More information to complete on next page)

(Below for office use only)

- ____ Completed application **AND** appropriate fees paid
- ____ Attachment A - Affidavit signed, dated & witnessed
- ____ Attachment B - Certification form attached & completed
- ____ Copy of each vehicle's reg. & proof of ins. provided
- ____ Certificate of Liability Insurance form attached & includes:
 - ____ Vehicle VIN#s listed on form
 - ____ Clerk (or City of PH) listed as Certificate Holder
 - ____ Appropriate insurance amounts listed
 - Bodily Injury -\$100,000/person; \$300,000 accident
 - Property damage - \$50,000/accident

Date paid	# of cabs	New -or- Transfer	Total paid
		\$35 \$20	\$
		\$35 \$20	\$
		\$35 \$20	\$
		\$35 \$20	\$
		\$35 \$20	\$

APPROVED BY:

Date

Date

Treasurer: _____

Planning Director: _____

Income Tax: _____

Police Chief: _____

Director of Finance: _____

City Clerk: _____

Attachment A - Insurance Requirements & Affidavit

Sec. 12-633. Applicant's insurance or bond required.

(a) Before any taxicab license is issued, the applicant therefor shall furnish one or more policies of insurance, prepaid for at least the period of the license, issued by responsible insurance companies and providing indemnity for the insured in the amounts specified in this section and agreeing to pay, within the limits of such amounts, on behalf of the insured, all sums which the insured shall become obligated to pay by reason of the liability imposed upon the insured by law for damages because of bodily injury, including death, at any time resulting therefrom or for damages to property or both sustained by any person, other than the employees of the insured, and caused by accident and arising out of the ownership, maintenance or use of the licensed taxicab. The minimum amount of such insurance coverage, as to any one licensed taxicab, shall be as follows:

- (1) On account of injury to or death of any person in any one accident: \$100,000.00.
- (2) On account of any one accident resulting in injury to or death of more than one person: \$300,000.00.
- (3) On account of damage to property in any one accident: \$50,000.00.

(b) In lieu of the insurance required by subsection (a) of this section, the applicant may furnish a surety company bond, in a form to be approved by the city attorney, in penal sums of not less, for each taxicab, than the amounts specified for insurance and binding the principal and surety to the same conditions as are required in insurance policies as set forth in subsection (a) of this section.

(c) Every policy of insurance or bond filed pursuant to this section shall contain a provision consenting to the provisions of section 12-635 of this subdivision.

Sec. 12-634. Insurance or bond cancellation or termination notice.

Every insurance policy or bond furnished pursuant to section 12-633 shall contain a clause obligating the insurer or surety to give the city clerk, by registered mail, at least ten days' written notice before the cancellation, expiration, lapse or other termination of such insurance or bond or the withdrawal of the surety from any such bond.

Sec. 12-635. City clerk as applicant's agent for service of process.

No taxicab license shall be issued until the applicant therefor shall file, with the city clerk, an instrument in writing nominating and appointing the city clerk or the person performing the duties of such position the true and lawful agent of such applicant, with full power and authority to accept and acknowledge service of notice or process for and on behalf of the applicant in respect to any matters or suits at law connected with or arising out of such license or the insurance policy or bond given as required by this subdivision or for the performance of any of the conditions of such bond or insurance policy or for any breach thereof. The instrument in writing so nominating and appointing the city clerk as agent shall contain recitals to the effect that the applicant for the license consents and agrees that service of any notice or process may be made upon such agent and when so made shall be taken and held as valid as if personally served upon the person applying for the license and waiving all claim or right of error by reason of such acceptance and acknowledgment of service or manner of service. It shall be the duty of the city clerk to deliver forthwith, by registered mail, a notice of the service of such process or notice to the licensee at the address shown upon his license and to his sureties or insurers in cases where it directly affects their obligations.

AFFIDAVIT

Per Sec. 12-635 of the Port Huron City Code, the below-named applicant for taxicab license hereby nominates and appoints the City Clerk of the City of Port Huron, or the person performing the duties of such position, the true and lawful agent of such applicant, with full power and authority to accept and acknowledge service of notice or process for and on behalf of the said applicant in respect to any matters or suits at law, connected with or arising out of such license, or the insurance policy or bond given as required by the provisions of the City Code, or for the performance of any of the conditions of such bond or insurance policy, or for any breach thereof.

The below named applicant for the license consents and agrees that service of any notice or process may be made upon such agent, and when so made shall be taken and held as valid as if personally served upon the person named below. It is further understood and agreed the City Clerk or his/her representative shall deliver forthwith, by registered mail, a notice of the service of such process or notice to the licensee at the address shown upon my license, and to my sureties or insurers in cases where it directly affects their obligations.

Signature of Applicant for Taxicab Licenses: _____
Date

Witnessed by: _____
Date

(More information to complete on next page)

Attachment B - Taxicab Certification

Company Name: _____

- ATTACHMENTS:**
- * Copy of current vehicle registration
 - * Copy of current proof of insurance certificate

This section to be completed by Cab Company				For Clerk's Office		For Police Dept.	
Cab #	Year	Make/Model	Vin #	License Paid Date		Certification	
				New \$35	Transfer \$20	Date Certified	Officer's Initials
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Request for Additional Taxicab Licenses (if available)
(Do not use this form for Special Event Licenses)

Company Name: _____

NOTE: The following **MUST** be included with this application:

- 1. Copy of current vehicle registration
- 2. Copy of current proof of insurance certificate
- 3. Appropriate license fees
- 4. Certificate of Liability form listing below vehicles

This section to be completed by Cab Company				For Clerk's Office		For Police Dept.	
				License Paid Date		Certification	
Cab #	Year	Make/Model	Vin #	New \$35	Transfer \$20	Date Certified	Officer's Initials
1							
2							
3							
4							
5							

(For office use only)

Date request form received by City Clerk's office: _____ By: _____

Attachments:

- _____ FEES (_____ x \$35 each) -- Company must have six (6) vehicles already licensed before requesting additional licenses
- _____ Copy of each vehicle's registration **AND** proof of insurance attached
- _____ Certificate of Liability Insurance form attached & includes:
 - _____ Vehicle VIN#s listed on form
 - _____ Clerk (or City of PH) listed as Certificate Holder
 - _____ Appropriate ins. amts. listed (Bodily Injury - \$100,000/person; \$300,000/accident; Property damage-\$50,000/acc.)

APPROVED BY:

Date

Date

Treasurer: _____

Police Chief: _____

Income Tax: _____

City Clerk: _____

Taxicab Licenses - Special Events Only

1. Company Name: _____ Contact #: _____
2. Are you requesting the license(s) at least 30 days before an event: Yes _____ No _____
3. Check the event(s) you are requesting licenses for (cannot be for events after the next license renewal date):
 - ____ November - Thanksgiving Day and day prior
 - ____ December - New Year's Eve and morning following
 - ____ Other event(s). Describe event & list date(s): _____
 - ____ March - St. Patrick's Day Pub Crawl & morning following
 - ____ July - PH to Mackinac Race and evening preceding
4. Taxicab rate to be charged during above events: _____
5. List vehicle information below (attach additional sheets if necessary):

	Year	Make & Model	Plate #	VIN #	For Police Dept.	
					Date Certified	Officer's Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

6. Check if the following items are included with this request (if not, application cannot be accepted):
 - ____ Appropriate fees
 - ____ Certificate of Liability Insurance Policy
 - ____ Each vehicle's registration
 - ____ Each vehicle's proof of insurance certificate
7. **Owner's signature:** _____

(For office use only)

Date request form received by City Clerk's office: _____

Attachments:

- ____ FEES (_____ x \$20 per cab)
- ____ Copy of each vehicle's registration **AND** proof of insurance certificate attached
- ____ Certificate of Liability Insurance form attached & includes:
 - ____ Vehicle VIN#s listed on form
 - ____ Clerk (or City of PH) listed as Certificate Holder
 - ____ Appropriate ins. Amts. listed (Bodily Injury - \$100,000/person; \$300,000/accident; Property damage-\$50,000/acc.)

APPROVED BY:

Date

Date

Treasurer: _____

Police Chief: _____

Income Tax: _____

City Clerk: _____