VEHICLE FOR HIRE

APPLICATION FOR LICENSE

$45.00 per vehicle

Applicant's Name		Business Name (To be Printed on the License)	
Address		Address	
City	Zip	City	Zip
Phone Number		Phone Number	
DOB		Federal I.D.	
SOC SEC #		NUMBER OF VEHICLES TO BE LICENSED (List Vehicle Details on Back of Form)	

IF A PARTNERSHIP, GIVE NAMES AND ADDRESS OF EACH PARTNER; IF A FIRM OR CORPORATION, GIVE NAME OF OFFICERS		
NAME:	ADDRESS:	TITLE:

POLICE DEPARTMENT APPROVAL (DEPARTMENT USE ONLY)		
Print Name:		
Signature:		
Date:	☐ Approve	☐ Denied

CERTIFICATE OF INSURANCE (DEPARTMENT USE ONLY)	
Insurance Company:	☐ City listed additional insured
☐ $500,000 bodily injuries/1 person ☐ $1,000,000 bodily injuries more than 1	☐ $100,000 property damage

I HEREBY SWEAR/AFFIRM THAT I AM FULLY AWARE OF THE DUTIES AND OBLIGATIONS OF PERSONS ENGAGED AS A TRANSIENT MERCHANT AND AGREE TO COMPLY WITH THE STATE LAWS, CITY CHARTER, CITY ORDINANCES AND SUCH RULES AND REGULATIONS AS MAY NOW OR HEREAFTER BE IN EFFECT, RELATING TO THE OPERATION OF SAID BUSINESS, AND THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE.

Dated: _____, 20_____ **X** _____
(Applicant's Signature)

Subscribed and sworn to before me, a Notary Public, acting in Saginaw County, Michigan, this _____ day of _____, 20_____. _____

(MUST PROVIDE PICTURE IDENTIFICATION)

Notary Public
My Commission Expires: _____

(PLEASE COMPLETE LIST OF VEHICLES & DRIVERS ON REVERSE SIDE & PROVIDE COPIES OF DRIVER'S LICENSE FOR EACH DRIVER ALONG WITH REQUIRED CERTIFICATE OF INSURANCE LISTING CITY OF SAGINAW AS ADDITIONAL INSURED.)

LIST OF DRIVERS

NAME	HOME ADDRESS	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	CHAUEFFER'S LICENSE Y/N?

LIST OF VEHICLES **$45.00 Per Vehicle**

VEHICLE NO.	MAKE	MODEL/COLOR	VIN NUMBER	YEAR	VEHICLE PLATE #