

**CITY OF GRAND FORKS APPLICATION FOR  
AIRPORT LIMOUSINE SERVICE LICENSE**

255 N. 4<sup>th</sup> St. Grand Forks, ND 58203 •(701) 746-2620

License # Assigned:		
<b>BUSINESS INFORMATION</b>		
Type of Application Requested: <input type="checkbox"/> New Vehicle <input type="checkbox"/> Renewal		
Name of Business		Contact Person:
Business Physical Address:		Telephone Number:
Business Mailing Address : <i>(If different than physical location)</i>		
Email Address:		
<b>Liability Insurance Information</b>		
Liability insurance is required by Grand Forks City Code 21-1405. A copy of a valid Certificate of Insurance must be filed with this application.		
Insurance Company:		Insurance Company Phone Number:
Policy Number:		Date of Expiration:
Is the vehicle insured for commercial operation?    Yes                      No		
Insurance Company Address:		
Street Address, City, State, Zip:		

Airport Limousine Service Licenses are annual licenses with an expiration date of December 31 of the year issued. By signing below, I agree to comply or maintain compliance with all rules and regulations as listed in Grand Forks City Code 21-1401 through 21-1411 pertaining to operation of an Airport Limousine Service. I understand that failure to comply or maintain compliance with such regulations may be grounds for suspension or revocation of this license. I further agree to notify the City of any changes in the information contained in this application. New applications for Airport Limousine Service Licenses require approval of City Council.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

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**City of Grand Forks**  
**AIRPORT LIMOUSINE SERVICE**  
**INSPECTION**



Name of Company: _____		
Vehicle Year: _____	Make: _____	Model: _____
Vehicle Identification Number: _____	Plate # _____	

**TO BE FILLED OUT BY INSPECTOR**

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

<u>Check Item</u>	<u>Ok</u>	<u>Required Attention</u>
Brakes and Brake Lights		
Headlights- high/low beam		
Taillights – back up lights		
Front Turn Signals		
Rear Turn Signals		
Open Door Warning Light		
Tires (2/32 tread minimum)		
Exhaust System – Muffler		
Windshield & Other Glass – no cracks		
Windshield Wipers		
Rear View Mirrors		
Horn		
Seat Belts		
Door Handles and Knobs		
Exterior Side Mirrors		
Emergency/Parking Brake		
Suspension		
Steering		
<i>Noted vehicle body damage</i>		<i>(Does not affect pass/corrections as long as it doesn't affect safety)</i>

- Pass: I have examined the above vehicle and to the best of my knowledge found no conditions that violate state or federal laws or place users of the vehicle or general public at risk.
- Corrections Required: I certify that for the reason(s) shown above the vehicle does not comply with the inspection requirements set for above.

Shop/Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ ASE ID #: \_\_\_\_\_

Mechanics Signature: \_\_\_\_\_ Mechanics Name (printed): \_\_\_\_\_

*This inspection does not guarantee the safety of the vehicle, only that it has been inspected and has met the inspection requirements set forth on said date.*