

CITY OF GRAND FORKS
APPLICATION FOR TAXICAB VEHICLE LICENSE
 255 N. 4th St. Grand Forks, ND 58203 • (701) 746-2620

| | |
|---------------------|---------------------|
| License # Assigned: | Sticker # Assigned: |
|---------------------|---------------------|

BUSINESS INFORMATION

Type of Taxicab Vehicle License Requested: Original License Issue Existing License Renewal

| | |
|------------------|-----------------|
| Name of Business | Contact Person: |
|------------------|-----------------|

| | |
|----------------------------|-------------------|
| Business Physical Address: | Telephone Number: |
|----------------------------|-------------------|

Business Mailing Address : *(If different than physical location)*

Email Address:

Liability Insurance Information

Liability insurance is required by Grand Forks City Code 21-0305. 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:

Taxicab 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 21-0301 through 21-0323 pertaining to operation of a Taxicab. 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 Taxicab Licenses require approval of City Council.

Signature _____ Date _____

Printed Name _____ Title _____

PLEASE NOTE: All operators of licensed vehicles must obtain a City of Grand Forks Taxicab Drivers License. For more information, please contact the Finance Department 701-746-2664.



City of Grand Forks TAXI CAB 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.



City of Grand Forks
TAXICAB VEHICLE LICENSE DISPLAY



Required by Grand Forks City Code Section 21-0309

Every taxicab or other vehicle which shall solicit or accept business on the streets of the city, or stand or wait for hire on any public street or place in the city, shall clearly display a current city issued placard showing the taxi cab license number as issued by the City (of Grand Forks). The placard shall be displayed in the following manner:

1. The placard will be issued by the City of Grand Forks to qualified applicants.
2. Placed on the Driver side front fender below corner of windshield
3. Placed on the Passenger side front fender below corner of windshield
4. Placed on the Rear window, driver side, and lower left corner. (See depictions below)

