

**CITY OF STERLING HEIGHTS  
TAXICAB BUSINESS LICENSE**

**SUBMIT TO: CITY CLERK**  
CITY OF STERLING HEIGHTS  
40555 UTICA ROAD  
P.O. BOX 8009  
STERLING HEIGHTS, MI 48311-8009

**Applicant Information:**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Michigan Driver's License No. \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Age \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ Naturalized? (number and place) \_\_\_\_\_

Marital Status \_\_\_\_\_ Michigan Resident? \_\_\_\_\_ How Long? \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone No. \_\_\_\_\_

List all crimes, misdemeanors, felonies or violations of any ordinances for which you have been convicted, fined, imprisoned, placed on probation or ordered to post bond or bail. Indicate, in each case, the date, nature of violation, name and location of court, City or Township, where it occurred, and final disposition of the case. If None, write "None".

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Explain below all past experience you have had either driving or as an owner of a taxicab business:

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How many vehicles do you have in operation or intend to put into operation? \_\_\_\_\_

Location from which these vehicles operate, or if a new business, the location of proposed depots and terminals:

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If you presently own a taxicab business, indicate the name of your insurance company, policy number and amount of insurance (attach copy of policy to application):

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List below all debts of applicant/business resulting from a present business. If a new business, list below from whom, amount and termination date of all debts to be incurred if license is granted:

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List below all unpaid judgments, to who owned, and nature of transaction or acts causing judgments:

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Indicate below any facts which you believe tend to prove that public convenience and necessity require the granting of a license:

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I, \_\_\_\_\_, do hereby solemnly swear or affirm that all statements contained in this application are true and correct to the best of my knowledge, information and belief. I understand that any false information in this application may result in the revocation of any license by the City of Sterling Heights.

Signature of Applicant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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Notary Public

\_\_\_\_\_ County, Michigan

My commission expires: \_\_\_\_\_

NOTE: If there is more than one owner, an application must be filed for each person.

**Documents which must be attached to this application:**

- Annual license fee in the amount of \$117.00 (license expires on 12/31 of each year)
- Certificate of Insurance: \$100,000 bodily injury one person; \$300,000 injuries to more than one person; \$25,000 property damage
- Copy of applicant's Michigan Driver's license
- Copy of lease or deed for proposed location

**Approval must be obtained from the following departments before issuance of license:**

- Building Department Approval, date: \_\_\_\_\_
- Fire Department Approval, date: \_\_\_\_\_
- Police Department Approval, date: \_\_\_\_\_
- Planning/Zoning Department Approval, date: \_\_\_\_\_
- Council Approval**, date: \_\_\_\_\_

Date License issued \_\_\_\_\_

Notification to departments when license has been issued

License No.: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

Approved by: \_\_\_\_\_