



**APPLICATION FOR TAXICAB COMPANY
LICENSE**

I _____ of _____
(Name - Please print) (Address)
hereby make application from the City of Ionia to operate a taxicab company within the City of Ionia.

The following is data that is pertinent to the issuance of said license and by signing and providing this data, I here by empower the City of Ionia to conduct a background investigation on this data to verify all is correct. Further, all such data shall be subject to the Freedom of Information provisions of State Law.

Name (last, middle and first): _____

Address _____

City _____, State _____ Zip _____

Number of Years at this Address _____ Day Time Phone (____)

Date of Birth _____ Social Security Number _____

The City Clerk shall cause an investigation to be made by the Director of Public Safety Department of the City of Ionia as to the applicants fitness and ability to serve the public in a safe, fair, and honest and competent manner, and the applicants ability to comply with the Codified Ordinances of the City of Ionia. The investigation may include, but is not limited to the following:

- (1) The applicants financial status
- (2) The applicants training or experience in the taxicab business and/or transporting passengers.
- (3) The applicant's criminal history, if any
- (4) The applicant's driving record

I hereby certify that the attached statements are true and correct to the best of my knowledge. I swear and affirm that such statements are made to the best of my knowledge and are, in fact, correct. I hereby affirm that if such statements are found to be false, such may be grounds for non-issuance of a license and are grounds for other action.

Signature of applicant _____,

Name of Notary _____

Notary Public, State of Michigan, County of _____

My commission expires _____