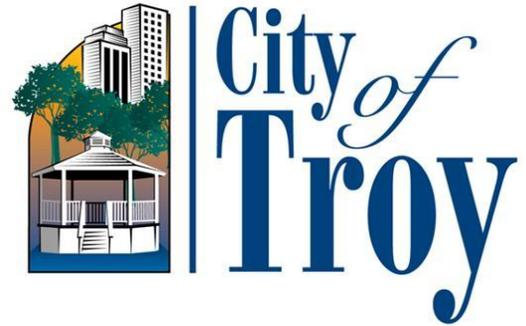


**City of Troy
City Clerk's Office
500 West Big Beaver
Troy, Michigan 48084
(248) 524-3331**



(Send Application & Remittance to Above Address)

INSTRUCTIONS FOR LIMOUSINE OR TAXICAB APPLICATION

STEP I. APPLICANT:

- Submit the **completed** Permit Application (**TYPED OR PRINTED**) to the City Clerk's Office with the following:

LIMOUSINES:

- Copy of State-issued certificate of authority
- Copy of proof of insurance for each vehicle
- Copy of vehicle inspection reports from the State
- Check payable to City of Troy

TAXICABS:

- Copy of proof of insurance for each vehicle
- Copy of vehicle inspection reports signed by a mechanic
- Check payable to City of Troy

STEP II. APPLICANT/CITY CLERK'S OFFICE:

- Review accuracy of the completed application and documentation
- Notarize applicant's signature if not already notarized

STEP III. CITY CLERK'S OFFICE:

- Route application packet electronically for approval/denial
- Send applicant license valid through December 31st

**City of Troy
City Clerk's Office
500 West Big Beaver
Troy, Michigan 48084
(248) 524-3331**



(Send Application & Remittance to Above Address)

APPLICATION FOR LIMOUSINE OR TAXICAB PERMIT

Date _____

FEE: \$20.00 PER VEHICLE

Applicant _____ Age _____
Date of Birth _____ Drivers License No. _____
Social Security No. _____ Home Phone _____
Home Address _____ How Long _____
City, State and Zip _____
Business Name _____ Business Phone _____
Business Address _____ How Long _____
City, State and Zip _____

FINANCIAL STATUS

Amount of all unpaid judgments _____
Nature of Transaction or acts causing the judgments _____

EXPERIENCE

Operating Vehicle at Present? _____ Where _____
How Long _____ As Owner or Driver _____
Prior Experience _____
Why do you feel this service is a necessity for Troy _____
Number of Vehicles to be Operated _____
Type of Equipment _____
Color of Vehicles _____ Insignia _____
Terminal Location _____
Dispatch Service Provided by _____
(If other than the petitioner, attach a letter of consent)
Proposed Service Hours _____

I hereby certify that the foregoing information is complete and true.

Signed _____

Subscribed and sworn to before me, a Notary Public in and for _____ County
This _____ Day of _____ 20 _____

Notary Public

My Commission Expires

Approval of this application is determined by the Police Department.