



111 Hassan Street Southeast  
 Hutchinson, MN 55350  
 (320) 587-5151/Fax: (320) 234-4240

License Fee: **\$5.00 per taxi**

Number of taxi(s): \_\_\_\_\_

Operating Year: \_\_\_\_\_

**City of Hutchinson  
 Application for Taxi Service License**

Business Information			
_____	_____		
<i>Business Name</i>		<i>Phone Number</i>	
_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____			
<i>Manager/Owner</i>			

Checklist
<p>The following items need to be completed and/or attached in order for the application to be processed:</p> <p>A schedule of proposed rates to be charged for license year <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>A certificate signed by competent and experienced mechanic (ordinance 6.25 subd. 6) <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>Copy of insurance that meets or exceeds limits established in the ordinance: <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>Application fee paid in full (check or money order): <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>Application completed in full and signed: <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p>

I hereby certify that I have completely filled out the entire above application and that the application is true, correct, and accurate.

I fully understand that any person who violates any provision of the Taxicabs Ordinance No. 6.25 is guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$1,000 or by imprisonment for a period not exceeding 90 days or both, plus, in either case, the costs of prosecution.

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_  
*Date*

**NOTE: No application will be forwarded to the City Council unless received two weeks prior to the regular Council meeting, filled out in completion, and fee payment is attached.**

Internal Use Only
Building: <input type="checkbox"/> approved <input type="checkbox"/> Notes: _____
Fire <input type="checkbox"/> approved <input type="checkbox"/> denied Notes: _____
Police <input type="checkbox"/> approved <input type="checkbox"/> denied Notes: _____
City Council <input type="checkbox"/> approved <input type="checkbox"/> denied Notes: _____