



A CITY ON PURPOSE.
111 Hassan Street Southeast
Hutchinson, MN 55350
(320) 587-5151 Fax: (320) 234-4240

License Fee: **\$6.00 per taxi**

Number of taxi(s): _____

Operating Year: _____

**City of Hutchinson
Application for Taxi Service License
(Under Ordinance No. 115)**

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	
The following items need to be completed and/or attached in order for the application to be processed:	
A schedule of proposed rates to be charged for license year	<input type="checkbox"/> yes <input type="checkbox"/> no
A certificate signed by competent and experienced mechanic (ordinance 115.06)	<input type="checkbox"/> yes <input type="checkbox"/> no
Copy of insurance that meets or exceeds limits established in the ordinance	<input type="checkbox"/> yes <input type="checkbox"/> no
Application fee paid in full (check or money order)	<input type="checkbox"/> yes <input type="checkbox"/> no
Application completed in full and signed	<input type="checkbox"/> yes <input type="checkbox"/> no

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. 115 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

Internal Use Only		*done by practice, not required by code	
Police*	<input type="checkbox"/> approved <input type="checkbox"/> denied	Signature:	_____
City Council	<input type="checkbox"/> approved <input type="checkbox"/> denied	Signature:	_____

Release of Information Form

As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a license, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information <i>(Please Print)</i>			
Name: _____			
_____	_____	_____	
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	
Address: _____			

_____	_____	_____	_____
<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
Date of Birth: _____			
_____	_____	_____	
<i>Month</i>	<i>Day</i>	<i>Year</i>	
Place of Birth: _____			
_____	_____		
<i>City</i>	<i>State</i>		
Social Security Number: _____			
Driver's License Number: _____			

_____	_____
Applicant's Signature	Date

*Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).