



CITY HALL • 1123 Lake Street • Sandpoint, ID 83864 • Phone 208-263-3317 • Fax 208-263-3678

CITY OF SANDPOINT TAXICAB / LIMOUSINE LICENSE APPLICATION

FIRM NAME: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

TELEPHONE NUMBERS: (Business) _____ (Home/Cell) _____

AUTOMOBILE

YEAR, MAKE, MODEL: _____

COLOR: _____ VIN: _____

CURRENT LICENSE PLATE NUMBER: _____

INSURANCE

Attach a certificate of insurance.

(Minimum coverage shall be \$100,000 property damage and \$100,000 / \$500,000 personal liability.)

INSURANCE COMPANY: _____

POLICY NUMBER: _____

LOCAL AGENT: _____

TELEPHONE: _____ TERM OF INSURANCE: _____

INSPECTION CERTIFICATION

Attach a certificate of inspection.

MECHANIC / COMPANY: _____

DATE: _____

COMMENTS: _____

This application is made pursuant to Sandpoint City Code Title 6, Chapter 4, and all provisions contained therein. The annual fee of \$80 per vehicle is submitted herewith.

DATED THIS: _____ DAY OF _____, 20 _____.

Applicant's Signature

DATE FEE PAID _____

CASH _____ CHECK # _____

RECEIPT # _____