



**CITY OF DEVILS LAKE
TAXICAB DRIVERS LICENSE
APPLICATION**

**** MUST HAVE A VALID NORTH DAKOTA DRIVERS LICENSE****

Date: _____
Name of Applicant: _____
Taxicab Company driving for: _____
Address of Applicant: _____
Telephone Number: _____
Drivers License Number: _____
Social Security Number: _____
Date of Birth: _____
Signature of Applicant: _____

Pursuant to the authority contained in Chapter 5.36 of the Devils Lake Municipal Code, I hereby apply for a permit to drive a taxicab within the City of Devils Lake.

\$10.00 FEE MUST ACCOMPANY APPLICATION, AND MUST RECEIVE PRIOR APPROVAL FROM THE CHIEF OF POLICE.

I am 18 years of age or older.

I am a careful and competent driver.

I further understand this is an annual license which expires on the 30th of June of each year, and must be submitted to the Board of City Commissioners for approval.

Date: _____ Approved: _____ Denied: _____

If denied, these are the reasons for such action: _____

Police Chief



Date: _____ Approved: _____ Denied: _____

City Administrator