

PUBLIC TRANSPORTATION LICENSE APPLICATION – TO BE COMPLETED FOR
EACH UNIT OF PUBLIC TRANSPORTATION
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701

\$50 New Applicant Fee

Calendar Year: _____

\$25 Renewal Fee

License No: _____

\$10 Renewal Late Fee (If license not renewed by March 1)

Applicant Name (print): _____

Home address: _____

City _____ State _____ Zip _____

Home Phone no: _____ Cell: _____

Is Applicant a: Person Partnership Corporation Other _____

Business name: _____ Years in Business: _____

Business address: _____

City _____ State _____ Zip _____

Business phone: _____ Fax no. _____

Type of Vehicle: _____

Year: _____ Make: _____

Model: _____ Color: _____

Vehicle Identification No.: _____

Plate No. _____ Capacity: _____

Copy of Mechanic's Affidavit or MDOT Inspection Provided.

Proof of Insurance Provided.

All Licenses issued pending approval by the Chief of Police.

Reviewed and approved by Chief of Police on (date) _____

SCHEDULE OF OPERATION

Commencement Date of Operation: _____ to December 31, 20____

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____ Title: _____

Proposed Routes (stops, loading/unloading): _____

*******FOR VILLAGE USE ONLY*******

Approved by: _____

Title: _____

Date of approval: _____ Expiration date: _____

Approved with conditions: _____

Amount Paid: _____ Decal Provided: _____ License Issued: _____

PUBLIC TRANSPORTATION LICENSE APPLICATION – LIST OF ALL OPERATORS

NAME OF TRANSPORTATION COMPANY: _____

OPERATOR 1

Name: _____	Date of Birth: _____
Address: _____	
Operator's License Number: _____	Endorsements: _____
Medical Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATOR 2

Name: _____	Date of Birth: _____
Address: _____	
Operator's License Number: _____	Endorsements: _____
Medical Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATOR 3

Name: _____	Date of Birth: _____
Address: _____	
Operator's License Number: _____	Endorsements: _____
Medical Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATOR 4

Name: _____	Date of Birth: _____
Address: _____	
Operator's License Number: _____	Endorsements: _____
Medical Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATOR 5

Name: _____	Date of Birth: _____
Address: _____	
Operator's License Number: _____	Endorsements: _____
Medical Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	

USE BACK IF MORE SPACE IS NEEDED