

**CITY OF ST. CLAIR SHORES**

27600 Jefferson Circle Drive  
St. Clair Shores, MI 48081  
586-447-3340 586-445-4098 (fax)  
[www.stclairshores.com](http://www.stclairshores.com)

**Motor Vehicle for Hire Application**

In accordance with the provisions of the ordinance (Sec. 46.000) of the City of St. Clair Shores, I hereby make application for a license to conduct the following motor vehicle for hire business.

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone/Cell/Pager \_\_\_\_\_ Company Website \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Owner's Birth Date \_\_\_\_\_ Owner's Driver's License # \_\_\_\_\_

Email Address \_\_\_\_\_

Vehicle Description: Make \_\_\_\_\_ Year/Model \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Plate # \_\_\_\_\_ Vehicle ID # \_\_\_\_\_ (Use reverse side for additional vehicles)

**I hereby certify that the information herein provided is true, complete and accurate.**

\_\_\_\_\_  
Applicant's Signature Date

Number of Vehicles \_\_\_\_\_

License Fee (\$2 per vehicle) \_\_\_\_\_

Non-refundable Bond Fee\* (\$50 per vehicle) \_\_\_\_\_

Total Paid \_\_\_\_\_

City License #(s) \_\_\_\_\_

**Note:** Licensing is limited to 25 per year per license, 50 total per year for the business.

**Attached**

CC: Applicant's Driver's License	_____
List of Vehicles	_____
Copy of Registration(s)	_____
Proof of Insurance (all vehicles)	_____
Copy of Mechanic Inspections	_____
Copy of Police Dept. Inspections	_____

*(Continued from other side)*

**Vehicle Description: Make** \_\_\_\_\_ **Year/Model** \_\_\_\_\_ **Color** \_\_\_\_\_

**Vehicle Plate #** \_\_\_\_\_ **Vehicle ID #** \_\_\_\_\_

**Vehicle Description: Make** \_\_\_\_\_ **Year/Model** \_\_\_\_\_ **Color** \_\_\_\_\_

**Vehicle Plate #** \_\_\_\_\_ **Vehicle ID #** \_\_\_\_\_

**Vehicle Description: Make** \_\_\_\_\_ **Year/Model** \_\_\_\_\_ **Color** \_\_\_\_\_

**Vehicle Plate #** \_\_\_\_\_ **Vehicle ID #** \_\_\_\_\_

**Vehicle Description: Make** \_\_\_\_\_ **Year/Model** \_\_\_\_\_ **Color** \_\_\_\_\_

**Vehicle Plate #** \_\_\_\_\_ **Vehicle ID #** \_\_\_\_\_

**Vehicle Description: Make** \_\_\_\_\_ **Year/Model** \_\_\_\_\_ **Color** \_\_\_\_\_

**Vehicle Plate #** \_\_\_\_\_ **Vehicle ID #** \_\_\_\_\_

**Vehicle Description: Make** \_\_\_\_\_ **Year/Model** \_\_\_\_\_ **Color** \_\_\_\_\_

**Vehicle Plate #** \_\_\_\_\_ **Vehicle ID #** \_\_\_\_\_

**Vehicle Description: Make** \_\_\_\_\_ **Year/Model** \_\_\_\_\_ **Color** \_\_\_\_\_

**Vehicle Plate #** \_\_\_\_\_ **Vehicle ID #** \_\_\_\_\_

Vehicle Description: Make \_\_\_\_\_ Year/Model \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Plate # \_\_\_\_\_ Vehicle ID # \_\_\_\_\_

Vehicle Description: Make \_\_\_\_\_ Year/Model \_\_\_\_\_ Color \_\_\_\_\_

### **Certified Mechanic Inspection List**

This form is provided pursuant to St. Clair Shores Taxicab and Motor Vehicles for Hire Ordinance section 46.006(b), a copy of which is hereby attached. Pursuant to such ordinance section, any owner of a taxicab or motor vehicle seeking a license to operate within the city of St. Clair Shores must first secure a comprehensive inspection of all such vehicles to be used within the city. Such inspection must include, but not be limited to, a complete review of the exhaust/muffler system of a vehicle, its entire brake system, its shocks, its tires, its engine and all other instruments, devices or mechanisms imperative to the vehicle's safe operation and condition. Further, the inspection must be performed by a state-licensed mechanic.

**This form must be completed by the state-licensed mechanic who performed the inspection.**

Name of Certified Mechanic \_\_\_\_\_

Mechanic License Number \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Location of Inspection \_\_\_\_\_

Owner of Inspected Vehicle \_\_\_\_\_

Year, Color and Make of Inspected Vehicle \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

I, \_\_\_\_\_, am a state-licensed mechanic certified to work on motor vehicles. I have read a copy of the attached section 46.006 (b) of the St. Clair Shores Taxicabs and Motor Vehicles for Hire Ordinance and have performed an inspection in accordance therewith on the above-described vehicle. I hereby certify that said vehicle has passed my inspection and is operable, safe and in good working condition. I further understand that this form will be used as a prerequisite to issuance of a license for the use of said vehicle as a taxicab or motor vehicle for hire, but that I am under no obligation to verify the vehicle's safe operation and condition unless, in my opinion, as a state-licensed mechanic, said vehicle has, in fact, passed my inspection.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employer (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone