Address: 25 Center Street Vermillion, SD 57069 * PH: (605) 677-7050 * FX: (605) 677-5461
Web: http://www.vermillion.us

APPLICATION FOR TAXICAB BUSINESS LICENSE

Name of corporation or company: _____

Address of company: _____

Phone # of company: _____

SD Sales Tax Number: _____

If business is a partnership or corporation, please provide name and address of each partner/officer:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Is this application a renewal? ☐ Yes ☐ No Fee:_____

Personal History and Identification of Person Completing the Application:

Name of Applicant: _____, _____, _____
(last) (first) (middle)

Address: _____ Phone: _____
(street)

_____ Email: _____
(city, state, zip)

Is applicant also the contact person? ☐ Yes ☐ No

If not, who is the contact person for the application:

Name of Contact: _____, _____, _____
(last) (first) (middle)

Address: _____ Phone: _____
(street)

_____ Email: _____
(city, state, zip)

Previous experience in motor vehicle transportation business: _____

_____

_____

Number of vehicles proposed to be operated: _____

Insurance Policy Number: _____ Expiration Date: _____

Note: Please attach a copy of the insurance policy to the application.

Vehicle Make	Vehicle Model	VIN Number	License Plate Number	Vehicle Inspection Form Attached (Check Here)	Vehicle Insurance Card Attached (Check Here)

Please copy this table if you need additional space.

ALL REQUESTED INFORMATION MUST BE COMPLETED. THE VEHICLE LICENSE PLATES WILL BE VERIFIED. THE INSPECTION FORMS AND INSURANCE CARDS MUST BE ATTACHED OR THE PAPERWORK WILL BE RETURNED TO YOU AND DELAY THE PROCESSING OF YOUR APPLICATION.
Please attach the following documents:

☐ Taxicab Inspection Form for each vehicle

☐ Copy of the insurance policy

☐ Rate Schedule

☐ Application Fee

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I understand that any misrepresentations, falsification, or omission of facts called for in this is cause for denial of this application.

Signature_____ Date_____

Please Return Application To:
City Manager
City of Vermillion
25 Center Street
Vermillion, SD 57069
Ph. (605) 677-7050
Email: info@cityofvermillion.com

TAXICAB INSPECTION FORM
(To be completed by certified mechanic)

Company Name: _____ **Address:** _____

Phone: _____ **E-mail:** _____

Date of Inspection: _____

YEAR: _____ **MAKE:** _____ **MODEL:** _____

ODOMETER: _____ **VIN:** _____

LICENSE PLATE NO.: _____ **COLOR:** _____ **OTHER:** _____

Headlights: _____ **Brights:** _____ **Running safety:** _____

Taillights: _____ **Brake lights:** _____ **Reverse lights:** _____

Wipers: _____ **Washer fluid:** _____ **Horn:** _____

Mirrors: _____ **Glass in windows:** _____ **Doors/tailgate:** _____

Oil (last changed/mileage): _____

Transmission fluid (last changed): _____ **Brake fluid:** _____

Power steering: _____ **Radiator fluid (last flushed):** _____

Radiator reserve: _____ **Brakes (fluid and road test feel):** _____

Brakes (pull tires-front): _____ **(rear):** _____

Belts (serpentine and other): _____ **Batteries:** _____

Muffler: _____ **Shocks/suspension:** _____ **Tires:** _____

Other: _____

Deficiencies and Corrections: _____

Mechanic Name/Phone: _____

Shop Name: _____

Shop Address: _____

Operator Signature: _____ **Date:** _____

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Web: http://www.vermillion.us

APPLICATION FOR TAXICAB DRIVER'S LICENSE

Name of corporation or company: _____

Address of company: _____

Phone # of company: _____

Is this application a renewal? ☐ Yes ☐ No Fee:_____

Personal History and Identification:

Name of Applicant: _____, _____, _____
(last) (first) (middle)

Address: _____ Phone: _____
(street)

_____ Place of Birth: _____
(city, state, zip)

How long have you been a resident of Clay County? _____

Age: _____ DOB: _____DL#: _____

Height: _____ Weight: _____ Hair: _____Eyes: _____ Sex: _____

Email: _____

Please list the local telephone number(s) at which you can be contacted and the hours you can be contacted:

Phone: ( ) _____ Hours: _____

Phone: ( ) _____ Hours: _____

Employment History:

Starting with current employment, please list all jobs you have held in the past five years and the dates of employment. If additional space is required, please provide information on an additional sheet of paper.

Company Name	Street Address	City, State	Dates Employed

Legal:

If you have ever been arrested or convicted of any crime (excluding traffic), please provide details below.

Approx. Date	Agency & State	Circumstances & Disposition

Have you ever been on court probation as an adult? _____ If "yes" please give details (including when, where, why): _____

_____

_____

Traffic:

Name	DL#	State	Expiration Date

Please list all other states where you have been license to operate a motor vehicle: _____

_____

Please list all traffic citations (excluding parking) you have had in the last 5 years.

Nature of Violation	Location (City & State)	Date	Disposition

Have you been involved as a driver in a motor vehicle accident within the last five years?_____

Date	Location (City & State)	Agency	Citation	Disposition

Is there anything you wish to discuss about your driving records, please indicate below and use reverse side of this form if needed.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I understand that any misrepresentations, falsification, or omission of facts called for in this is cause for denial of this application.

Signature_____ Date_____

Please Note: Application is not complete un til the applicant has submitted to a criminal background check to determ ine suitability. Each new applicant shall m ake arrangement with a law enforcement agency and subm it to the fingerprinting process. The applicant also must pay for and provide a FBI & DCI criminal bac kground check. The applicant may be given a conditional license pending the results of the background check.

Please Return Application To:
City Manager
City of Vermillion
25 Center Street
Vermillion, SD 57069
Ph. (605) 677-7050
Email: info@cityofvermillion.com

NOTICE:
FAILURE TO DISCLOSE ANY CRIMINAL OR TRAFFIC OFFENSES MAY RESULT IN THE DENIAL OF THIS LICENSE

ORDINANCE NO. 1234

AN ORDINANCE AMENDING CITY OF VERMILION CODE OF ORDINANCES TITLE XI, CHAPTER 114, TO AMEND SECTION 114.02 TO ADD FURTHER REQUIREMENTS FOR APPLICATION, TO AMEND SECTION 114.04 TO UPDATE REQUIREMENTS FOR TAXICAB OWNER'S LICENSE, AMEND SECTION 114.05 TO REQUIRE THE DISPLAY OF TAXICAB DRIVER'S LICENSE, TO UPDATE REQUIREMENTS FOR TAXICAB DRIVER'S LICENSE.

BE IT ORDAINED, by the Governing Body of the City of Vermillion, South Dakota and it is hereby ordained by authority of the same that Section 114.02 be amended to change 114.02(B)(2) and (3) and add (4) to update requirements as set forth below:

§ 114.02 LICENSE REQUIRED TO OPERATE BUSINESS; APPLICATION.

(1) Name of the taxicab service, the operator, and owner(s) of the taxicab(s);

(2) Description of the taxicab(s) by make, model, VIN number, and license number, and a completed vehicle inspection form for each taxicab; and

(3) Statement of previous experience in the business, if the applicant has not been licensed by the city before;

BE IT ORDAINED, by the Governing Body of the City of Vermillion, South Dakota and it is hereby ordained by authority of the same that Section 114.04 be amended to revise license requirements in 114.04(B)(2) and (3) as set forth below:

§ 114.04 LICENSE; ISSUANCE.

(1) The taxicab to be used has been inspected by a certified mechanic to show taxicab is thoroughly and carefully tested, inspected, and found to be in safe condition for transportation of passengers, is in good, clean condition, and is in compliance with all other applicable state and federal motor vehicle laws and standards.

(2) The applicant has indemnity and public liability insurance covering the operation of each vehicle, to protect the operator against liability to passengers and third persons for personal injury suffered or sustained by them as a result of the operation of the vehicle, the policies to be in an amount as prescribed by state law, but in no event less than $100,000 for damage to any one person and not less than $300,000 for damage to more than 1 person, injured as the result of any one accident, and not less than $50,000 for property damage resulting from any one accident. The policies shall be maintained during the term of the license. A copy of said policy shall be attached to application and updated if policy is revoked or changed.

BE IT ORDAINED, by the Governing Body of the City of Vermillion, South Dakota and it is hereby ordained by authority of the same that Section 114.05 be amended to require display of taxicab driver's license as set forth below:

§ 114.05 DISPLAY OF BUSINESS LICENSE.

Every operator of any taxicab licensed under this chapter shall exhibit a copy of the business license in the vehicle and have it available for inspection upon request.

BE IT FURTHER ORDAINED, by the Governing Body of the City of Vermillion, South Dakota and it is hereby ordained by authority of the same that Section 114.08 be amended to add updated requirements for a taxicab driver's license as set forth below:

§ 114.08 APPLICATION FOR DRIVER'S LICENSE; QUALIFICATIONS OF APPLICANT; APPEAL FROM DECISION.

(A) Each applicant must submit to a background check to determine applicant's suitability. Each new applicant shall make arrangements with a law enforcement agency and submit to the fingerprinting process. The applicant also must submit to, pay for and provide a FBI and DCI criminal background check. The applicant may be given a conditional license pending the results of the background check.

(B) The City Manager shall have discretion to approve or disapprove the application depending on whether the City Manager deems the applicant a suitable person to hold the license. The City Manager may issue the license if the City Manager is satisfied that the applicant:

(1) Is at least 18 years of age;

(2) Is not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body and mind that might affect his or her ability to properly and safely drive a taxicab;

(3) Is a resident of Clay County for at least 1 month prior to the date of the application;

(4) Has not been convicted of a felony, as defined by state law, within 3 years of the date of the application;

(5) Has been fingerprinted and photographed by the Police Department;

(6) Has not been convicted of a moving traffic violation within 180 days prior to the date of the application;

(7) Has not been convicted of driving a motor vehicle while under the influence of an alcoholic beverage within 3 years, nor has had more than 1 prior offense of driving a motor vehicle while under the influence of an alcoholic beverage in the past 10 years prior to the date of the application;

(8) Has not been convicted of using any controlled drug or substance within 3 years prior to the date of application;

(9) Has not been convicted of any charge of possession of marijuana or any controlled drug or substance or possession with intent to distribute marijuana or any controlled drug or substance within 3 years prior to date of the application; and,

(10) Is of good moral character.

(C) The applicant may appeal the decision of the City Manager to the governing body.