MOTOR VEHICLE FOR HIRE INFORMATION SHEET

*IMPORTANT:{ TYPE or PRINT and complete all applicable information.}
INCOMPLETE information will delay processing of application

Business Form:____Proprietorship____Partnership_____Corporation
****
Association:_____

Corporation Name:_____
Federal Identification #:_____

Assumed Name:_____

Business Address:_____

City:_____State:_____Zip:_____

Business Telephone;(___)_____ Fax(___)_____

List: ALL Corporate Officers/Owners/Partners/Office Managers

Name:(First,Middle, Last)_____Title:_____

Home Address:_____City:_____Zip:_____

Home Telephone#:(___)_____/ S.S.#_____

Driver's License# or State Identification#: _____

Name:(First,Middle, Last)_____Title:_____

Home Address:_____City:_____Zip:_____

Home Telephone#:(___)_____/ S.S.#_____

Driver's License# or State Identification#: _____

ATTACH ADDITIONAL LIST IF NECESSARY

CITY OF DETROIT
CONSUMER AFFAIRS
BUSINESS LICENSE CENTER
Room 105
(313) 224-3179

FOR OFFICE USE ONLY

LICENSE YEAR 200
Date: _____
Type of Vehicle: _____
NEW: _____
RENEWAL: _____
CLK. INI. _____

FINANCE CLEARANCES

INCOME TAX Rm 512
APPROVED:_____
DENIED:_____
DATE:_____
SIGNATURE:_____

PROPERTY TAX Rm 1012
APPROVED:_____
DENIED:_____
DATE:_____
SIGNATURE:_____

VEHICLE INFORMATION : LIST ALL INFORMATION FOR EACH VEHICLE IN BOND PLATE ORDER

BOND PLATE #	CAB #	MAKE/YEAR	STATE LICENSE#	V.I.N.#