

CITY OF MOUNT CLEMENS
One Crocker Boulevard
Mount Clemens, Michigan 48043
(586) 469-6818

REQUIREMENTS FOR A TAXICAB DRIVER'S LICENSE

Mount Clemens Code of Ordinances 46.000-46.032

1. Application for a taxicab driver's public license may be obtained from the Mount Clemens City Clerk's Office, One Crocker Boulevard, Mount Clemens. The application includes the Macomb County Sheriff's Department requirements.
2. You will be required to furnish the City Clerk's Office with one (1) photograph of yourself taken within 60 days immediately prior to the date of filing this application, which shall be 2" x 2", and show the head and shoulders in a clear and distinguishing manner.
3. You will need a letter from a licensed cab company (licensed by the City of Mount Clemens), stating that you are presently employed by them or that they will hire you upon issuance of a City license.
4. You will need a statement from a physician, dated not more than 10 days prior to submission of this application, certifying that you are free of any infectious, contagious or communicable disease, for a new license only. Not more than two renewals will be granted without an additional physical examination.
5. You will be responsible for providing proof of your **driving record** and **criminal history**. The driving record can be obtained through the Secretary of State web site or branch office. The criminal history can be obtained through Michigan State Police web site (look for ICHAT). Applicants are responsible for any required fees through the Secretary of State and/or ICHAT.
6. Fees for a taxicab driver's license are \$15.00. Make checks payable to "City of Mount Clemens".
7. Licenses expire June 1 of each year and are not pro-rated. Any license renewed after June 30 will be charged a penalty in the amount of \$15.00.

The following paperwork should be returned to the City Clerk's office:

- **Completed Application for Taxi Driver's Permit signed and notarized**
- **One (1) recent photograph**
- **Letter from a licensed cab company**
- **Medical Certificate completed by physician**
- **Applicant's driving record**
- **Applicant's criminal history**
- **License fee of \$15.00**

Once approval is received from the Macomb County Sheriff's Department, the applicant will be notified that their license is approved and can be picked-up at the City Clerk's Office.

If you have any questions, please call the City Clerk's Office at 586-469-6818 x310.



MARK A. HACKEL

OFFICE OF THE SHERIFF

Kent B. Lagerquist
UNDERSHERIFF

Application for public vehicle (taxi and bus) driver's permit may be denied for any one or more of the following. The list below is not all inclusive as each applicant's record will be reviewed on a case by case basis.

1. Any two drinking and driving convictions including OUIL, UBAL, OUID or OWI.
2. Any drivers license suspension for unsatisfactory driving record within the past ten years.
3. Any current driver's license suspension. License lacks commercial endorsement or has driving privileges restricted.
4. Eight or more current points on driving record.
5. Applicants are responsible for providing proof of any out of state driver's license record. The above guidelines apply to any out of state convictions or license suspensions or restrictions.
6. Any felony conviction within the past 10 years or currently on probation or parole from a felony conviction.
7. Any misdemeanor drug convictions within past five years.
8. Any sex crimes conviction.
9. All criminal records information includes any out of state arrests and convictions.
10. Any false, misleading statements on application or incomplete application.
11. Applicants are responsible for providing proof of their driving record and criminal history. This information can be obtained through Michigan State Police web site (look for ICHAT). Applicants are responsible for any required fees through ICHAT. Applicants must also provide proof of final disposition of any out of state arrests. Completed applications are to be returned to the Mount Clemens City Clerk's Office.
12. In the event that a CCH reveals an ARREST for any above listed offense but does not show a final disposition, it shall be the applicant's responsibility to obtain a copy of the final disposition.

APPLICATION FOR TAXI DRIVER'S PERMIT

City of Mount Clemens
Macomb County Sheriff Department

Full Name: _____ Sex _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Birthdate: ___/___/___ Social Security Number: _____

Michigan Chauffeur License Number: _____

Height: ___ feet ___ inches Weight: ___ lbs Hair Color: _____ Eye Color _____

Has applicant ever been arrested? (yes/no) _____ If yes, provide date, charge, and final disposition for each time arrested.

Number of years driving experience: _____ Types of vehicles disqualified to operate: _____

Has applicant been convicted for any moving violations? (yes/no) _____ If yes, list ALL violations, including date and offense.

Employer Information:

Company Name: _____

Address: _____

Phone Number: _____

Applicant Signature: _____

I swear or affirm that the above information is true and complete to the best of my knowledge.

Subscribed and sworn to before me this
___ day of _____, 20___.

Approved (yes/no)

Notary Public, _____ County, MI

Macomb County Sheriff Department

My Commission Expires: _____

Date: _____

OFFICE OF THE CITY CLERK
CITY OF MOUNT CLEMENS
ONE CROCKER BOULEVARD
MOUNT CLEMENS, MI 48043
586-469-6818 EXT 310

MEDICAL CERTIFICATE

I certify that I have examined _____ and found him/her to be free of infectious, contagious or communicable disease, and further certify that he/she is physically capable of operating a vehicle, so as to not endanger himself/herself or others. The above named person is not taking medications or drugs which hinder one's ability to perform.

Date: _____

Signature: _____ M.D./D.O.

Address: _____

Phone: _____