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
$25 Renewal Fee
$10 Renewal Late Fee (If license not renewed by March 1)

Calendar Year:_____
License No:_____

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): _____

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Approved by: _____
Title: _____
Date of approval:_____ Expiration date:_____
Approved with conditions: _____
Amount Paid: _____ Decal Provided: _____ License Issued: _____
_____

Forms/2013 Pub. Trans. App.

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: ☐ Yes ☐ No

OPERATOR 2

Name: _____ Date of Birth: _____

Address: _____

Operator's License Number: _____ Endorsements: _____

Medical Card: ☐ Yes ☐ No

OPERATOR 3

Name: _____ Date of Birth: _____

Address: _____

Operator's License Number: _____ Endorsements: _____

Medical Card: ☐ Yes ☐ No

OPERATOR 4

Name: _____ Date of Birth: _____

Address: _____

Operator's License Number: _____ Endorsements: _____

Medical Card: ☐ Yes ☐ No

OPERATOR 5

Name: _____ Date of Birth: _____

Address: _____

Operator's License Number: _____ Endorsements: _____

Medical Card: ☐ Yes ☐ No

USE BACK IF MORE SPACE IS NEEDED