



Administration Department

DATE: January 23, 2024

FROM: Jason Tomanek, Acting City Administrator

ITEM: Public Hearing on Taxi License Application for Dakota Transportation Services, LLC.

REQUEST:

Public Hearing regarding the license for a new taxi company, Dakota Transportation Services, LLC.

BACKGROUND INFORMATION:

Dakota Transportation Services has submitted the necessary paperwork and documentation to consider the application for the license to operate a taxi service in Bismarck.

RECOMMENDED CITY COMMISSION ACTION:

Staff recommends holding a public hearing and approval of the taxicab license application for Dakota Transportation Services, LLC.

STAFF CONTACT INFORMATION:

Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. DTS Taxi Application



CITY OF BISMARCK
ADMINISTRATION DEPARTMENT

Phone: 701-355-1300 • TDD 711
221 N 5th St • Bismarck, ND 58501

TAXI CAB
LICENSE APPLICATION

LAST REVISED: 5/25/2023

Chapter 5-05-03 of the Code of Ordinances of the city of Bismarck requires that "a person may not operate or permit a taxicab owned or controlled by him to be operated as a vehicle for hire upon the streets of the city without obtaining a license pursuant to this chapter."

Name of Applicant (Individual or Business): DAKOTA TRANSPORTATION SERVICES LLC
Email Address: bookings@dakotatransportationservices.com

Business Address: 1634 MAPLETON AVE #4
City: Bismarck ND
State: ND
Zip: 58503
Business Phone Number: 701-400-8428

Mailing Address: 1634 MAPLETON AVE #4
City: Bismarck ND
State: ND
Zip: 58503
After Hours Phone Number: 701-590-6189

Applicant's experience in the transportation of passengers: Six YEARS
Number of Vehicles to be operated or controlled by the applicant: ONE

Location of proposed depots and terminals: Bismarck

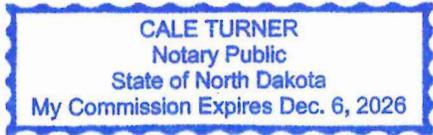
Color scheme of insignia to be used to designate the motor vehicle(s) of the applicant: Gold

Table with 4 columns: Make, Model, Vehicle ID Number, Capacity of Passengers. Row 1: CHRYSLER, TOWN & COUNTRY, 812 DVZ, SEVEN.

The following must accompany this application:
[checked] Photo of Cab/Logo [checked] Vehicle Title(s) [checked] Rate Fare Chart [checked] Payment of \$25.00 per vehicle
[checked] \$100.00 Application Fee [checked] Vehicle Inspection report for each vehicle [checked] Certificate of Liability Insurance

State of NORTH DAKOTA
County of BURLEIGH

Applicant's Signature [Signature]
Print Name AUGUSTINE ULLOME



Subscribed and sworn to before me this 1st day of December, 2023
[Signature]
Notary Public

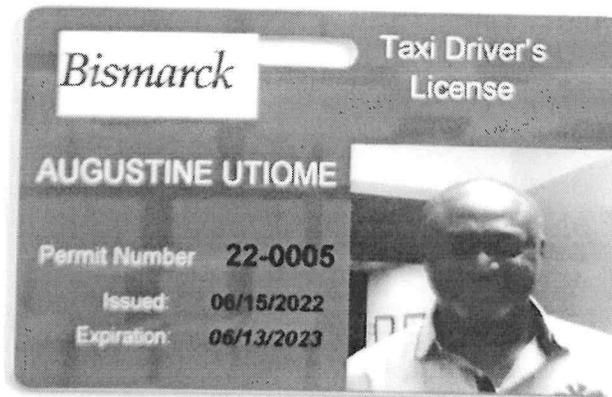
Note: Each application needs to be signed and notarized.

PAYMENT DATE
12/01/2023
COLLECTION STATION
Police Reception/Records N
RECEIVED FROM
AUGUSTINE E UTIOME
DESCRIPTION
Taxi Permit- New

City of Bismarck
PO Box 5503
Bismarck, ND 58506-5503

BATCH NO.
2023-12006724
RECEIPT NO.
2023-00216797
CASHIER
Kaitlyn K

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT																
LTAX	License-Taxi Drivers Taxi Permit- New	\$60.00																
	<table> <tr><td>Total Cash</td><td>\$0.00</td></tr> <tr><td>Total Check</td><td>\$0.00</td></tr> <tr><td>Total Charge</td><td>\$60.00</td></tr> <tr><td>Total Wire</td><td>\$0.00</td></tr> <tr><td>Total Other</td><td>\$0.00</td></tr> <tr><td>Total Remitted</td><td>\$60.00</td></tr> <tr><td>Change</td><td>\$0.00</td></tr> <tr><td>Total Received</td><td>\$60.00</td></tr> </table>	Total Cash	\$0.00	Total Check	\$0.00	Total Charge	\$60.00	Total Wire	\$0.00	Total Other	\$0.00	Total Remitted	\$60.00	Change	\$0.00	Total Received	\$60.00	
Total Cash	\$0.00																	
Total Check	\$0.00																	
Total Charge	\$60.00																	
Total Wire	\$0.00																	
Total Other	\$0.00																	
Total Remitted	\$60.00																	
Change	\$0.00																	
Total Received	\$60.00																	



Total Amount: \$60.00

Customer Copy





ADDITIONAL REMARKS SCHEDULE

AGENCY Western Frontier Insurance Agency, Inc		NAMED INSURED Dakota Transportation Services, LLC 1634 MAPLETON AVE APT 4 Bismarck, ND 58503	
POLICY NUMBER 975349648		EFFECTIVE DATE: 12/01/2023	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	Basic PIP \$30,000
Uninsured Motorist Bodily Injury	\$500,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$500,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2013 CHRYSLER TOWN & COUNTRY 2C4RC1CG9DR559314	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
Rental Reimbursement	\$40 Per Day (\$1,200 Max)
Roadside Assistance	Selected w/\$0 Ded

Liability coverage may not apply to all scheduled vehicles.

Additional Information

We will endeavor to provide 30 days notice of cancellation to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

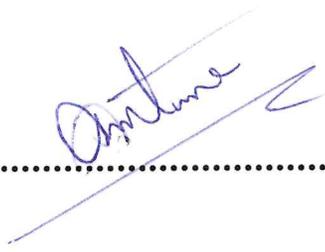
Dakota Transportation Services LLC

1634 Mapleton Ave #4
Bismark, ND, 58503

RATE FARE CHART

- \$4.00 INITIAL CHARGE AND \$3.00 PER MILES
OR
- AGREED FLAT RATE AS AGREED WITH THE RIDER.

Signature.....

A handwritten signature in blue ink, appearing to read "Antone", is written over a dotted line. The signature is slanted and includes a long horizontal stroke at the end.



CITY OF BISMARCK
ADMINISTRATION DEPARTMENT

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

LAST REVISED: 5/25/2023

TAXI CAB
CERTIFICATE OF VEHICLE
INSPECTION

The vehicle described must be inspected by a qualified business to verify compliance with state laws before a taxi license will be issued by the City of Bismarck. If the vehicle passes inspection, this form, bearing the signature of the qualified business and accompanied by all required documents, must be forwarded to the City Administration Department with the Taxi License application, before the public hearing will be scheduled.

Vehicle ID Number: 7C4RC1CG9DR559314	Make: Chrysler	Model: Town & Country	Year: 2013	Body Style: Van
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Does the vehicle meet the statutory requirements including all electronic components that give power to any of the following?
(See Chapter 39-21 NDCC, Article 37-12 NDAC, and Bismarck City Ord. 12-14-01)

	Pass	Fail
Accessible (Title 5, Chapter 5-05-02)	✓	
Brakes (39-21-32, 39-21-33) (37-12-02-03(1))	✓	
Bumper Height (39-21-45.1) (37-12-02-03(2))	✓	
Clearance Lights and Reflectors (39-21-05, 39-21-07 through 39-21-12)	✓	
Door Latches (37-12-02-02(1))	✓	
Exhaust System ((39-21-37) (37-12-02-03(3))	✓	
Fenders (37-12-02-03(4))	✓	
Floor Pan (37-12-02-02(2))	✓	
Fuel System (37-12-02-03(5))	✓	
Headlights (39-21-02, 39-21-03, 39-21-20)	✓	
Hood Latches (37-12-02-02(3))	✓	
Horn (39-21-36) (37-12-02-04)	✓	
License Plate Light (39-21-04) (3)	✓	
Mirrors (39-21-38) (37-12-02-02(5))	✓	
Steering and Suspension (37-12-02-03(6))	✓	
Steering Wheel (37-12-02-02(4))	✓	
Stoplights (39-21-06) (1)	✓	
Taillights (39-21-04)	✓	
Tires (37-12-02-03(7))	✓	
Turn Signals (39-21-06(2), 39-21-19)	✓	
Windshield – Tinted windows (39-21-39 (1) (4)	✓	
Windshield Wipers (39-21-39 (2) (3)	✓	

Repairs Completed By Joe Glas	Signature <i>Joe Glas</i>	Date 11-27-23
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Business Name 1 Stop Repair LLC.	Mailing Address 1309 S 22nd St	City Bismarck	State ND	Zip 58503	Phone Number 701-527-4240
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This inspection is "only" to verify the above-described vehicle has met minimum equipment requirements as required by state law.

I certify that I am a business that is registered with the secretary of state, is in good standing, and offers motor vehicle repair to the public. The business completing the inspection may not be the same business that reconstructed the vehicle as required by NDCC Section 39-05-20.2. If you own the vehicle being inspected, the inspection must be completed by another qualified business.

Inspecting Agent Kasey Glas	Agent's Signature <i>Kasey Glas</i>	Date 11-27-23
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CERTIFICATE OF TITLE FOR A VEHICLE

NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
SFN 2875



ND DEPT. OF TRANSPORTATION
MOTOR VEHICLE DIVISION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone: (701) 328-2725

VIN 2C4RC1CG9DR559314	YEAR MODEL 2013	YEAR REGISTERED 2013	MAKE CHRYSLER	BODY STYLE VAN PASSENGER	MODEL TOWN & COUNTRY
OWNER(S) NAME AUGUSTINE ENERIAKPOZE UTIOME	TITLE NUMBER ND1103907328	VEHICLE TYPE TRUCK	SHIPPING WEIGHT 4652	DATE ISSUED 10/9/2023	ODOMETER READING 154097 MI
			ODOMETER STATUS ACTUAL		

MAIL TO: AUGUSTINE ENERIAKPOZE UTIOME
1634 MAPLETON AVE APT 4
BISMARCK ND 58503-5365

PREVIOUSLY SALVAGED

THIS VEHICLE HAS BEEN PREVIOUSLY DAMAGED. IF YOU REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE D.O.T.

PART 1. ASSIGNMENT AND WARRANTY OF TITLE (DELIVER TITLE TO BUYER WITHIN 15 DAYS FROM DATE OF SALE)

Applicant's/Buyer's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):		<input type="checkbox"/> Driver's License	<input type="checkbox"/> FEIN	Telephone Number
Mailing Address	City	State	ZIP Code	County
Co-Applicant's/Buyer's Legal Name (first, middle, last) or Firm Name (Lessee, Trust):		<input type="checkbox"/> Driver's License	<input type="checkbox"/> FEIN	Telephone Number
Mailing Address	City	State	ZIP Code	County
Check One:	<input type="checkbox"/> Or	<input type="checkbox"/> And	<input type="checkbox"/> And/Joint Tenants with Right of Survivorship	Purchase Date (Mo., Day, Year)
				Purchase Price
<p>Odometer Disclosure: Federal and State laws require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. I certify to the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> Mileage stated is in excess of its mechanical limits. <input type="checkbox"/> Odometer reading is not the actual mileage (warning *odometer discrepancy)</p>				Odometer Reading <small>NO TENTHS</small>
Signature of Seller/Transferor	Date (Mo., Day, Year)	Signature of Applicant/Buyer/Transferee	Date (Mo., Day, Year)	
Signature of Seller/Transferor	Date (Mo., Day, Year)	Signature of Applicant/Buyer/Transferee	Date (Mo., Day, Year)	
Hand-Printed Name(s) of Seller(s)/Transferor(s)	Daytime Telephone No.	Hand-Printed Name(s) of Applicant(s)/Buyer(s)/Transferee(s)		

LEGAL TITLE OWNER (LIENHOLDER)

Any lien recorded in the office of the Department of Transportation is shown below. The lien holder named is and shall remain legal owner of the vehicle until the encumbrance is released or satisfied.

I certify that the applicant has complied with the requirements of Title 39 of the North Dakota Century Code relative to the issuance of a certificate of title for a vehicle.

Robert Rehberg

Deputy Director for Driver Safety

LIEN RELEASE - ALL INTERESTS IN THE VEHICLE DESCRIBED ABOVE ARE RELEASED.

Lienholder Name

Signature of Agent

Date (Mo., Day, Year)

THE DEPARTMENT OF TRANSPORTATION IS NOT RESPONSIBLE FOR FALSE OR FRAUDULENT STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE.

SFN 2875 (7-2021)

S209787