



**CITY OF BISMARCK
ADMINISTRATION DEPARTMENT**

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

**TAXI CAB
LICENSE APPLICATION**

LAST REVISED: 10/26/18

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):		Email Address:		
Business Address:	City:	State:	Zip:	Business Phone Number:
Mailing Address:	City:	State:	Zip:	After Hours Phone Number:
Applicant's experience in the transportation of passengers:			Number of Vehicles to be operated or controlled by the applicant:	

Location of proposed depots and terminals:

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

Make	Model	Vehicle ID Number	Capacity of Passengers:

The following **must** accompany this application:

Photo of Cab/Logo	Vehicle Title(s)	Rate Fare Chart	Payment of \$25.00 per vehicle
\$100.00 Application Fee	Vehicle Inspection report for each vehicle		Certificate of Liability Insurance

State of _____	Applicant's Signature _____
County of _____	Print Name _____
	Subscribed and sworn to before me this _____
	day of _____
Note: Each application needs to be signed and notarized.	Notary Public _____



**CITY OF BISMARCK
ADMINISTRATION DEPARTMENT**

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

LAST REVISED: 10/26/18

**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:	Make:	Model:	Year:	Body Style:
--------------------	-------	--------	-------	-------------

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	Signature	Date
----------------------	-----------	------

Business Name	Mailing Address	City	State	Zip	Phone Number
---------------	-----------------	------	-------	-----	--------------

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	Agent's Signature	Date
------------------	-------------------	------