



**City of Coeur d'Alene**  
 Municipal Services Department  
 710 Mullan Avenue, Coeur d'Alene, Idaho 83814  
 (208) 769-2229  
 kathylew@cdaid.org

**(Office Use Only)**

Amount Paid \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 License # \_\_\_\_\_ By \_\_\_\_\_

**TAXICAB PERMIT APPLICATION**

**Fee: \$50.00 Company Fee and \$2.50 per vehicle decal –Expires Annually on December 31st  
 (Check or Cash ONLY)**

- New Vehicle inspection required on each vehicle annually.
- Copy of insurance with a minimum of \$500,000 for bodily or personal injury, death, or property damage, or loss as a result of any one occurrence, or accident, regardless of the number of persons injured or the number of claimants. The insurance policy shall inure to the benefit of any person who is injured or sustains damage to property proximately cause by the negligence of the licensee, his servants, or agents.

Name of Taxi Company: _____	Phone Number: _____
Company Address: _____	City/State/Zip: _____
Insurance Company: _____	Agent Name: _____
Insurance Company/Agent Phone Number: _____	
Owner Name: _____	Owner Phone Number: _____
Email Address: _____	Owner Cell Number: _____
Home Address: _____	City/State/Zip: _____
Is your office located in a residence in the City of Coeur d'Alene?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, have you applied for and obtained a Home Occupation Certificate? _____	

<b>VEHICLE INFORMATION</b>	
<b>MAKE / MODEL / LICENSE PLATE NUMBER / VIN NUMBER</b>	
Vehicle 1: _____	ADD / DEL / RENEW
Vehicle 2: _____	ADD / DEL / RENEW
Vehicle 3: _____	ADD / DEL / RENEW
Vehicle 4: _____	ADD / DEL / RENEW
Vehicle 5: _____	ADD / DEL / RENEW
TOTAL NUMBER OF VEHICLES: _____	

I hereby certify that there have been no changes in the above named business during the past licensed year and that all taxicabs are covered by the required insurance as per the municipal code of the City of Coeur d'Alene, Section 5.56.080.

\_\_\_\_\_  
 Applicant Signature Date



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## VEHICLE INSPECTION FORM

NAME OF TAXICAB COMPANY: \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ VIN #: \_\_\_\_\_

ITEM	ADEQUATE	NEEDS ATTENTION	COMMENTS
TIRE WEAR/CONDITION FRONT			
TIRE WEAR/CONDITION REAR			
ALIGNMENT TIRE WEAR			
BRAKE PEDAL ADJUSTMENT			
BRAKE HYDRAULIC SYSTEM			
BRAKE PADS/DISC			
EMERGENCY BRAKE ADJUSTMENT			
CLUTCH ADJUSTMENT			
CLUTCH HYDRAULIC SYSTEM			
CONDITION SHOCK ABSORBERS			
CONDITION MCPHERSON STRUTS			
CONDITION MUFFLER			
CONDITION EXHAUST PIPES			
ENGINE/TRANSMISSION OIL LEAKS			
CONDITION DRIVE/FAN BELTS			
CONDITION COOLANT			
CONDITION RADIATOR HOSES			
CONDITION HEATER HOSES			
CONDITION BATTERY CABLES			
CONDITION FUEL FILTER			
CONDITION WIPER BLADES			

ITEM	ADEQUATE	NEEDS ATTENTION	COMMENTS
CONDITION HEADLIGHTS			
CONDITION DIRECTIONAL SIGNALS			
CONDITION TAIL LIGHTS			
CONDITION BRAKE LIGHTS			
CONDITION WINDOW GLASS			
CONDITION SEAT BELTS			
CONDITION REAR VIEW MIRRORS			
CONDITION STEERING SYSTEM			
CONDITION HORN			
AIRBAGS IN WORKING ORDER			
OTHER: _____			

COMMENTS:

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I, \_\_\_\_\_, HAVE EXAMINED THIS VEHICLE AND FOUND THE VEHICLE TO BE  
(Printed name of mechanic)  
 OPERABLE AS A TAXICAB IN THE CITY OF COEUR D'ALENE ACCORDING TO THE MUNICIPAL CODE OF THE  
 CITY OF COEUR D'ALENE SECTION 5.56.090.

\_\_\_\_\_  
 Signature of Mechanic

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Automotive Company

\_\_\_\_\_  
 Printed Name of Applicant