

License fee is \$25.00/year/vehicle
Renewable July 1st each year
Commercial Insurance required
City Council approval required

TAXI CAB LICENSE INFORMATION/APPLICATION

First Name: RYAN Last Name: CLARK

D/B/A: FIRST CALL TAXI & COURIER SERVICE

Street Address/P.O. Box: 604 2ND ST

City/State/Zip: EVANSDALE, IA 50707

Work Phone #: 515-302-9911 (FT DODGE LOCAL) 319-233-8294 (WCF LOCAL) 319-670-8294 (PERSONAL)

License Plate # BZV 158

Vehicle Information

Year	Make	Color	Model	License Plate #	Vehicle ID
2008	PONTIAC	SILVER	MONTANA	BZV 158	1GMDX03EX3D263951

***Motor vehicle safety inspection required**

I hereby authorize the City of Fort Dodge or its agents to make an investigation of my criminal/police record (which could include a National Criminal Investigation Check).

Date: August 6, 2014 Applicant's Signature: *Ryan Clark*

Received 14, 2014

*Kevin Doherty
Assistant Chief of Police*

VEHICLE OPERATION SAFETY CHECK

Vehicle Make: <i>Pontiac</i>	Vehicle Year & Model: <i>2003 Montana</i>
VIN: <i>1GMDX03EX3D263951</i>	Plate Number: <i>BZV 158</i>
Inspected By: <i>[Signature]</i>	<i>Jiffy lube</i>
Inspection Date: <i>7-17-14</i>	Inspector's Signature: <i>[Signature]</i>

	OK	NOT OK	Comments
Suspension			
Front	✓		
Rear	✓		
Break Pad/Shoe Linings			
Front	✓		
Rear	✓		
Tires (check for excessive			
Right Front	✓		
Right Rear	✓		
Left Front	✓		
Left Rear	✓		
Turn Signals			
Right Front	✓		
Right Rear	✓		
Left Front	✓		
Left Rear	✓		
Head Lights			
Low Beam	✓		
High Beam	✓		
Tail Lights	✓		
Break Lights	✓		
Hazard Lights	✓		
Mirror Adjustments	✓		
Fuel Levels and Warning Lights	✓		
Seat Belts	✓		
Vehicle Glass	✓		
Windshield Wipers	✓		

Vehicle Shall Not Be Operated If Above Items Are Defective



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/07/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

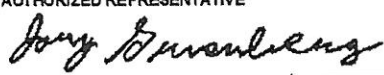
PRODUCER Metropolitan Ins Serv Cons Inc Jory Gruenberg 5550 N. Elston Ave. Chicago, IL 60630	CONTACT NAME: PHONE (A/C No, Ext): _____ FAX (A/C No): _____ E-MAIL ADDRESS: _____																					
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>American Country Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	American Country Ins. Co.		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED Ryan Clark 604 2nd St Evansdale, IA 50707																						

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ _____ \$ _____
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		IA 100000028-00	08/07/2014	01/04/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (PER ACCIDENT) \$ _____ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____ WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
A	Uninsured Motorist		IA 100000028-01	08/07/2014	01/04/2015	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
2003 PONTIAC #1GMDX03EX3D263951

CERTIFICATE HOLDER CITYCL1 City Clerk Office Fort Dodge Lisa Burnham 819 First Ave South Fort Dodge, IA 50501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

IOWA FINANCIAL LIABILITY COVERAGE CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
American Country Ins. Co.

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
IA 100000028-01 (NF) 08/07/14 01/04/15

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2003 PONTIAC VAN 1GMDX03EX3D263951

AGENCY/COMPANY ISSUING CARD
Metropolitan Ins Serv Cons Inc

AGENCY/COMPANY ADDRESS

**5550 N. Elston Ave.
Chicago, IL 60630**

INSURED

**Ryan Clark
604 2nd St
Evansdale, IA 50707**

COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW
SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

EMERGENCY PHONE NUMBER OF:

Agency: _____

Company: _____