

CITY OF MITCHELL, SOUTH DAKOTA  
APPLICATION FOR TAXICAB GENERAL LICENSE

NEW LICENSE \_\_\_\_\_ RENEWAL \_\_\_\_\_

Company Name In Full \_\_\_\_\_ Company Address \_\_\_\_\_

Manager(s):

Tim Goldammer

Name In Full

504 S. Wisconsin St

Address

Owner(s):

Tim Goldammer

Name In Full

504 S. Wisconsin St

Address

Previous experience in motor vehicle transportation business:

Yes

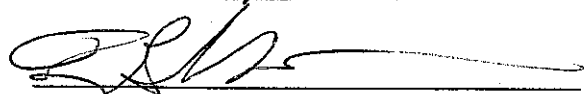
Phone Number: 712-490-1080

Number of Vehicles Used: 1

	<u>Make</u>	<u>Year</u>	<u>Model</u>	<u>Serial No.</u>	<u>License No.</u>	<u>Seat Capacity</u>
1.	<u>Ford</u>	<u>2014</u>	<u>Fusion</u>	<u>3FAGP0H17E28007</u>	<u>8C0107</u>	<u>7</u>
2.						
3.						
4.						
5.						
6.						

Please attach a statement of facts that substantiate the need in the community for your taxi business.

Dated this 17 Day of December, 2017.



Applicant

By: \_\_\_\_\_

\*\*Note: No vehicle shall be operated by any general licensee unless such vehicle is owned by the licensee.

The within application filed on the 17<sup>th</sup> Day of December, 2019.

Cindy Roth  
Finance Office