City of Grand Forks Staff Report

Committee of the Whole – November 28, 2016
City Council – December 5, 2016

APPROVED & ACCEPTED
by City Council
12/05/2016
Candice Stjern
Acting City Auditor

Agenda Item: Taxi License – Discount Cab

Submitted by: Finance Department

Staff Recommended Action: Approve License for new taxi business subject to review and approval by police department and city attorney and payment of applicable fees

Committee Recommended Action:

Refer to City Council with recommendation to approve.

Council Action:

BACKGROUND: The City of Grand Forks licenses those operating taxi cabs in the City of Grand Forks. New taxi businesses require City Council approval to operate in the city.

As part of the licensing process, the vehicle is inspected by an ASE certified mechanic, with a copy of the inspection submitted with the application. A copy of the certificate of insurance is also required. The application is reviewed by the Police Department.

ANALYSIS AND FINDINGS OF FACT:

- Discount Cab has submitted an application for a new taxi license.
- The vehicle has been inspected by an ASE certified mechanic and the application has been submitted to the Police Department for review.
- Certificate of Insurance will be submitted to City Attorney for review.

SUPPORT MATERIALS:

- Application for taxi license from Grand Forks Yellow.

CITY OF GRAND FORKS
APPLICATION FOR TAXICAB VEHICLE LICENSE
255 N. 4th St. Grand Forks, ND 58203 • (701) 746-2620

License # Assigned:	Sticker # Assigned:

BUSINESS INFORMATION

Type of Taxicab Vehicle License Requested: [X] Original License Issue [ ] Existing License Renewal

Name of Business	Contact Person:
DIS COUNT CAB	HASSAN m. Abdi

Business Physical Address:	Telephone Number:
320 17th St NW #10 EGF-MN 56721	701-215-3584

Business Mailing Address : *(If different than physical location)*

Email Address: ABDI2247766@gmail.com

Liability Insurance Information

Liability insurance is required by Grand Forks City Code 21-0305. A copy of a valid Certificate of Insurance must be filed with this application.

Insurance Company:	Insurance Company Phone Number:
AMERICAN BUSNESS INSURANCE	1800-980-1950
Policy Number:	Date of Expiration:

Is the vehicle insured for commercial operation? Yes [X] No [ ]

Insurance Company Address:

Street Address, City, State, Zip:

Taxicab Licenses are annual licenses with an expiration date of December 31 of the year issued. By signing below, I agree to comply or maintain compliance with all rules and regulations as listed in Grand Forks City Code 21-0301through 21-0323 pertaining to operation of a Taxicab. I understand that failure to comply or maintain compliance with such regulations may be grounds for suspension or revocation of this license. I further agree to notify the City of any changes in the information contained in this application. New applications for Taxicab Licenses require approval of City Council.

Signature Hassan Abdi Date 11-15-2016

Printed Name HASSAN m. Abdi Title TAXI DRIVER

PLEASE NOTE: All operators of licensed vehicles must obtain a City of Grand Forks Taxicab Drivers License. For more information, please contact the Finance Department 701-746-2664.

(Form adopted November 2015)

City of Grand Forks

AIRPORT LIMOUSINE SERVICE

INSPECTION

Name of Company: _____

Vehicle Year: _____ Make: _____ Model: _____

Vehicle Identification Number: KNDMB233396297143 Plate # 195 BHV

TO BE FILLED OUT BY INSPECTOR

Date of Inspection: 10-27-16 **Time:** 2:44 pm

Check Item	Ok	Required Attention
Brakes and Brake Lights	X	
Headlights- high/low beam	X	
Taillights – back up lights	X	
Front Turn Signals	X	
Rear Turn Signals	X	
Open Door Warning Light	X	
Tires (2/32 tread minimum)	X	
Exhaust System – Muffler	X	
Windshield & Other Glass – no cracks	X	
Windshield Wipers	X	
Rear View Mirrors	X	
Horn	X	
Seat Belts	X	
Door Handles and Knobs	X	
Exterior Side Mirrors	X	
Emergency/Parking Brake	X	
Suspension		Front Struts are leaking Fluid
Steering	X	
Noted vehicle body damage		*(Does not affect pass/corrections as long as it doesn't affect safety)*

☐ Pass: I have examined the above vehicle and to the best of my knowledge found no conditions that violate state or federal laws or place users of the vehicle or general public at risk.

☑ Corrections Required: I certify that for the reason(s) shown above the vehicle does not comply with the inspection requirements set for above.

Shop/Business Name: Firestone Phone #: 701-775-5361 ASE ID #: _____

Mechanics Signature: [signature] Mechanics Name (printed): Matt Weigel

This inspection does not guarantee the safety of the vehicle, only that it has been inspected and has met the inspection requirements set forth on said date.

TOP QUALITY MOTORS, INC

1111 Central Ave NW
East Grand Forks, MN 56721
Tel: 218-773-7476
Fax: 218-773-0536

6027

QUAN	PART NO. AND DESCRIPTION	PRICE	AMOUNT
1	STRUT MOUNT		$43 11
1	STRUT (R-FRONT)		$130 89
	TOTAL PARTS		$174 00

NAME: HASSAN Abdi 701-215-3584
DATE REC'D: 11/11/16
ADDRESS: 320 17th St. NW #10 EGF. MN 56721
PROMISED: A.M P.M.
YEAR: 2009 | MAKE & MODEL: KIA Sedona | SERIAL NO.: KNDMB233396297143 | WRITTEN BY: Felix
PHONE: A.M P.M.

TUNE UP ☐ MINOR OVERHAUL ☐ MAJOR OVERHAUL ☐ CHANGE OIL ☐ SPARK PLUGS ☐

OPER. NO.	INSTRUCTION	AMOUNT
	R&R Right FRONT STRUT AND MOUNT	
	LABOR 1hr	$75 00

TOP QUALITY MOTORS, INC
1111 CENTRAL AVE NW
EAST GRAND FORKS, MN 56721
218-773-7476
Merchant ID: 870010400191
Record Num.: 0312
Sale
xxxxxxxxxxxx1344 Exp: XX/XX
VISA Entry Method: Swiped
Total: $ 270.96
11/14/16 12:05:47
Invn: 000001 Appr Code: 272115
Approvd: Online Batch#: 000243
TRN Ref #: 466219651478887
Validation Code: FQC2
DESCRIPTION:
THANK YOU!
PLEASE COME AGAIN!
CARDHOLDER COPY
RETAIN THIS COPY FOR STATEMENT VERIFICATION

Unless otherwise provided by law, the seller (above named dealership) hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

Not responsible for loss by fire or theft or any other cause beyond our control.

I hereby authorize the above repair work to be done with the necessary material and grant permission to operate equipment for purposes of testing and inspection. An express mechanic's lien is acknowledged to secure the amount of repairs.

X Hassan Abdi

TOTAL LABOR	$75 00
TOTAL PARTS	$174 00
Environmental Charges	$10 00
TAX	$11 96
TOTAL	$270 96

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