

## VEHICLE for HIRE LICENSE REQUIREMENTS

1. **Complete and Submit the Application**, along with all required documents.
2. **Register your Business with the Secretary of State Office of North Dakota** by calling 1-866-432-5682 or go to [www.nd.gov](http://www.nd.gov) – New Business Registration. Provide a copy of your state Business Registration Certificate. (A Partnership will not receive a certificate but will receive proof of filing)
3. **Submit a copy of the Certificate of Liability Insurance form.**  
Documentation of Automotive Liability insurance in the amount of \$1,000,000 for the injury or death of one person in any one accident; and in the minimum amount of \$2,000,000 for the injury or death or more than one person in any one accident, due to the negligent operation of such vehicle and proof of insurance for each vehicle is required.
4. **Complete the Car Information Form:** Vehicles for Hire must be annually inspected by an ASE certified mechanic and meet the requirements set by City of Fargo Auditor's Office. All vehicles must be clearly and permanently marked on the exterior with your Business Name and Phone Number.
5. **Complete the Driver Information Form:** A Request for Criminal History Record Information form is required for each operator listed on your Driver's Log. Go to: <https://attorneygeneral.nd.gov/public-safety/criminal-history-records>
6. **Rates for all other Vehicles for Hire:** are based on a prearranged fare with each customer. Vehicles for Hire are prohibited from setting or collecting charges based on a device or meter. For the purpose of this Article the term "Vehicle for Hire" includes, but is not limited to, limousines, party busses, executive sedans, handicapped vans and sober ride services.
7. **Decals:** Once your license is approved, adhere the decal to each vehicle as instructed. A new decal will be issued each year for proof of licensing. If you change vehicles anytime during the year, owners only must remove the decal and return it to the auditor's office for a replacement. All replacement decal will have a \$10 fee.

Please report ANY changes, such as adding a new vehicle, or driver/operator change to the Auditor's Office at 701-241-1304.



Auditor's Office  
225 North 4th Street  
Fargo, ND 58102  
Phone: 701-241-1304

## Application is for Transportation Vehicle

Business Name (as registered at the ND Secretary of State)

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Applicant Name (print)

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Business Address

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Owner's phone number

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Number of Vehicles Operating \_\_\_\_\_ (3 car minimum)

### Requirements:

- Business is registered and in good standing with the State of North Dakota.  
([www.sos.nd.gov](http://www.sos.nd.gov) or 701-328-2900)
- Copy of current Commercial Liability Insurance for the company. (Minimum \$1,000,000 for any 1 person, \$2,000,000 for 2 or more persons, naming the City of Fargo as Certificate Holder)
- ASE Certified Mechanical Inspection. (Attach copy of certification/s or provide proof of completion for **each** vehicle listed on Vehicle log)
- Owner to provide Criminal Background Check all vehicle operators. Owner is responsible to ensure compliance throughout the year. <https://attorneygeneral.nd.gov/public-safety/criminal-history-records>  
**Request for Criminal History Record Information** for each driver.
- Copy of current Driver's License – must be 21 years of age or older. (Attach copy for each Driver)
- Copy of Rates proposed must be provided to the Auditor's Office.

**The failure to provide the above requested information will result in your application being rejected as incomplete.**

The following standards must be adhered to at all times:

- The issuance of this City of Fargo license is valid to transport passengers to another city, but is prohibited to solicit or pick up passengers outside of the City of Fargo.
- No Licensee may discriminate in the provision of service against any member of the public as protected under applicable federal or state law.
- Provide clear and permanent signage on the exterior of each vehicle identifying your company's name and phone number.
- No driver is permitted to drive any passengers for more than 12 hours in any 24-hour period.
- The ability to provide, upon passenger request, a receipt of charges by paper or electronically.
- Navigation or other devices are in a "hands free" mode at all times while operating a vehicle.
- Vehicles must be kept in good, clean and serviceable condition at all times, devoid of any mechanical or safety concerns.
- Smoking and vaping is prohibited in any vehicle.
- Taxi Meter must be visible to passengers at all times. (Taxi Cabs only)

**Affidavit by Responsible Party**

By signing below, I hereby acknowledge under penalty of perjury that all information contained in this application is complete, true and accurate.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

***License Fee is \$50 for first vehicle and \$15 for each additional vehicle (3 vehicle minimum)***

\_\_\_\_\_  
City Auditor

License Expires: December 31, 20\_\_

\_\_\_\_\_  
Date Approved



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/24/2014

Sample

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).

<b>PRODUCER</b> FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		<b>CONTACT NAME:</b> CLIENT CONTACT CENTER <b>PHONE (A/C, No, Ext):</b> 888-333-4949 <b>FAX (A/C, No):</b> 507-446-4664 <b>E-MAIL ADDRESS:</b> CLIENTCONTACTCENTER@FEDINS.COM	
<b>INSURED</b> 127-961-1 Company Name		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: FEDERATED MUTUAL INSURANCE COMPANY      NAIC # 13935 INSURER B: FEDERATED SERVICE INSURANCE COMPANY      28304 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES      CERTIFICATE NUMBER: 4      REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	N	N				EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence): \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/DP AGG: \$2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N	N				COMBINED SINGLE LIMIT (Ea accident): \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION	N	N				EACH OCCURRENCE: \$1,000,000 AGGREGATE: \$1,000,000
A	<b>WORKERS-COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N			WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT: \$500,000 E.L. DISEASE - EA EMPLOYEE: \$500,000 E.L. DISEASE - POLICY LIMIT: \$500,000

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

### CERTIFICATE HOLDER

127-961-1  
CITY OF FARGO  
PO BOX 2471  
FARGO, ND 58108

### CANCELLATION

4 0

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

**Vehicle for Hire**  
(Driver Information Form)

Name of Company \_\_\_\_\_ Date \_\_\_\_\_

	Print Name of Driver	Age of Driver (21 or older)	Driver's License Number (attach copy)	Date Background Check was conducted	Name of source for conducting Background Check	Verified Driver has a clear Driving Record (past 5 years)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

No license shall be issued until the applicant files with the City Auditor this certification that each driver operating under the business named above is 21 years of age or older, has completed an annual background check, has a clear driving record in the past 5 years and can be safely operating a vehicle, under your company name, at all times without endangering the safety of their passengers.

Sample



Please make an appointment by calling one of the locations below.

- 1. Downtown Fargo Location, 308 1 Ave N, Fargo 701-237-0220
- 2. South Fargo Location, 3232 28 St S, Fargo 701-237-3232
- 3. West Fargo Location, 728 Meyer Drive, West Fargo 701-365-8555

CERTIFICATE OF VEHICLE INSPECTION

(\$75.00 Fee per Vehicle)

PASS	FAIL	
		HEADLIGHTS
		TAILLIGHTS
		LICENSE PLATE LIGHT
		LICENSE PLATE FRONT & BACK License Plate # _____
		BRAKE LIGHTS
		INTERIOR LIGHTS
		DASH LIGHTS
		RIGHT AND LEFT SIGNAL
		HORN OPERATIONAL
		EXHAUST SYSTEM
		MIRRORS
		NO OBSTRUCTIONS IN WINDSHIELD (CRACKS)
		NO OBSTRUCTIONS FROM TINTED WINDOWS
		WINDSHIELD WIPERS IN GOOD CONDITION
		DOORS LATCH
		HOOD LATCHES
		STEERING WHEEL SECURE
		TIRES IN GOOD CONDITION
		TIRE PRESSURE
		SEATBELTS FUNCTION
		CABLES AND BELTS IN GOOD CONDITION
		FLUID LEVELS SATISFACTORY FOR THE FOLLOWING:
		*WINDSHIELD WIPER FLUID
		*TRANSMISSION FLUID
		*STEERING FLUID
		*BRAKE FLUID
-	-	All Windows Function

Comments on other areas of concern for this vehicle:

\_\_\_\_\_  
\_\_\_\_\_

Name of Taxi Company or Vehicle for Hire Company \_\_\_\_\_

Year, Make and Model of this vehicle:

\_\_\_\_\_

Date of Inspection \_\_\_\_\_ Inspector's Signature \_\_\_\_\_

(ASE Certified)

Taxi Cab and Vehicle for Hire Companies should turn this form into the City of Fargo Auditor's office along with your New or Renewal application form for EACH vehicle operating under the company named above.

## Vehicle for Hire (Vehicle Information Form)

Name of Company \_\_\_\_\_ Date \_\_\_\_\_

	Vehicle – Make and Model	Year of Vehicle	License Plate #	VIN Number	Date of Last Vehicle Inspection (ASE Certified)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

No license shall be issued until the applicant files with the City Auditor this certification that each vehicle operating under the business named above has the amount of insurance coverage required, a completed ASE Certified annual inspection and can be safely operated at all times without endangering the safety or property of their passengers.