



## TAXICAB / LIMOUSINE LICENSE APPLICATION

FIRM NAME: SkyLine Taxi Service LLC  
OWNER'S NAME(S): Robert Carrington  
BUSINESS ADDRESS: 225 S. 4th Ave Sandpoint ID 83864  
MAILING ADDRESS: 225 S. 4th Ave Sandpoint ID 83864  
CITY OF SANDPOINT BUSINESS LICENSE NO.: \_\_\_\_\_  
TELEPHONE NUMBERS: (Business) 208-660-5483 (Home/Cell) 208-946-7746

### AUTOMOBILE

YEAR, MAKE, MODEL: 2011 Toyota Sienna  
COLOR: Grey VIN: 5TDYK3DC5BS038486  
CURRENT LICENSE PLATE NUMBER: 7B AC 83U

### INSURANCE

Attach a certificate of insurance.

(Minimum coverage shall be \$100,000 property damage and \$100,000 / \$500,000 personal liability.)

INSURANCE COMPANY: See Attached  
POLICY NUMBER: See Attached  
LOCAL AGENT: See Attached

TELEPHONE: See Attached TERM OF INSURANCE: See Attached

### INSPECTION CERTIFICATION

Attach a certificate of inspection.

MECHANIC / COMPANY: Grimm Bros.  
DATE: 3/31/25  
COMMENTS: \_\_\_\_\_

This application is made pursuant to Sandpoint City Code Title 6, Chapter 4, and all provisions contained therein. The annual fee, per vehicle, is submitted herewith.\*

DATED THIS: 2nd DAY OF April, 20 25.

  
Applicant's Signature

PAID 2025 APRIL 25 2025 RECEIVED

\*Please refer to the Fees Schedule on the City website at [www.sandpointidaho.gov](http://www.sandpointidaho.gov) or contact the Clerk's office.

Sandpoint City Hall, 1123 W. Lake St., Sandpoint, ID 83864 (208) 263-3310 [cityclerk@sandpointidaho.gov](mailto:cityclerk@sandpointidaho.gov)

### Mechanical Inspection

Mechanical inspections shall certify the vehicle is equipped with, but not be limited to, properly working brakes (pedicabs must have 2 sets of operational brakes: 1 located on the front wheel and the other located on the back axle), lights, turn signals, tires, horn or bell, muffler, rear vision mirrors, seat belts, and windshield wipers in good condition. Windshields shall not have any defect which obstructs or impedes the view of the driver.

2011 Toyota Sienna VIN# 5TDYK3DC5BS038486

- ☒ Brakes
- ☒ Lights
- ☒ Turn Signals
- ☒ Tires
- ☒ Horn
- ☒ Muffler
- ☒ Rear View Mirrors
- ☒ Seat Belts
- ☒ Windshield Wipers
- ☒ Windshield

Inspected By



Date

3/31/25

GRIMM BROS.  
101 GUN CLUB RD.  
SAGLE, ID 83860

# IDAHO AUTOMOBILE INSURANCE IDENTIFICATION CARD

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**Name and Address of Insured**

SkyLine Taxi Service, LLC  
225 S Fourth Ave  
Sandpoint ID 83864

**Agent**

Oswald Taxi and Transportation Insurance Services  
2225 Pacific Blvd  
Albany OR 97321  
541-223-5222

**Insurance Company /**

Compañía de Seguro

UNITED FINANCIAL CAS CO  
6300 WILSON MILLS ROAD, W33  
CLEVELAND OH 44143-2182

**Effective Date /**

Fecha Efectiva

03-26-2025

**Expiration Date /**

Fecha de Expiración

03-26-2026 12:01 AM

**Policy Number /**

Número de Póliza

995163335

NAIC Code: 11770

**Year****Make Model**

2011 TOYOTA Sienna

**VIN**

5TDYK3DC5BS038486

**Drivers**

ROBERT C CARRINGTON

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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, address, driver's license number, and phone numbers of other drivers and witnesses.
  2. Year, make, model, and license plate number of all cars involved.
  3. Name of the insurance company or agent of other drivers.
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2025

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 have ADDITIONAL INSURED provisions or 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> Oswald Taxi and Transportation Insurance Services 2225 Pacific Blvd Ste 110 Albany OR 97321	<b>CONTACT NAME:</b> Gina Stiller <b>PHONE (A/C, No, Ext):</b> 541-223-5222 <b>E-MAIL ADDRESS:</b> service@ottiservices.com <b>FAX (A/C, No):</b> 541-320-7302														
<b>INSURED</b> SkyLine Taxi Service, LLC 225 S Fourth Ave Sandpoint ID 83864	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: UNITED FINANCIAL CAS CO</td><td>11770</td></tr><tr><td>INSURER B: United States Liability Insurance Company</td><td>25895</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: UNITED FINANCIAL CAS CO	11770	INSURER B: United States Liability Insurance Company	25895	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		GL025M9E99	03/26/2025	03/26/2026	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		995163335	03/26/2025	03/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/ UIM \$ 100,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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 <input type="checkbox"/>	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

SCHEDULED UNITS:

2011 TOYOTA SIENNA - 5TDYK3DC5BS038486

**CERTIFICATE HOLDER****CANCELLATION**City of Sandpoint  
1123 LAKE ST

SANDPOINT

ID 83864

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

*Gina Stiller*



*City of Sandpoint, Idaho*  
**POLICE DEPARTMENT**

1123 Lake Street, Sandpoint, Idaho 83864  
(208) 265-1482 Fax: (208) 263-3587

**6-4-8: VEHICLE INSPECTION:**

It shall be unlawful for any person to operate and use or permit or allow the operation and use of any vehicle as a taxicab upon the streets of the city unless such vehicle has been inspected and approved. All vehicles shall be kept in good and proper mechanical order and of sanitary and good appearance, inside and outside. All taxicabs operated by one taxicab company shall be easily distinguishable from taxicabs operated by other companies. Each taxicab shall have a lighted sign to indicate that the vehicle is in service or out of service. All vehicles (carriages and pedicabs excluded) shall be equipped with a taximeter which automatically registers the amount of the fare; such taximeter shall be installed so the taximeter and the amount of fare shall be plainly visible to the passengers riding in the taxicab. There shall be posted in a conspicuous place in each taxicab a rate card or sticker, of not less than four inches by six inches (4" x 6") in size, stating the rates of the taxicab, or rate policy of the pedicab or carriage. Inspection of the mechanical safety and sanitary condition of each vehicle shall be made by an ASE certified mechanic designated by the city council or by the police chief for that purpose. Mechanical inspections shall certify the vehicle is equipped with, but not be limited to, properly working brakes (pedicabs must have 2 sets of operational brakes: 1 located on the front wheel and the other located on the back axle), lights, turn signals, tires, horn or bell, muffler, rear vision mirrors, seat belts, and windshield wipers in good condition. Windshields shall not have any defect which obstructs or impedes the view of the driver. Further, pedicabs shall only have a single frame; bike trailers or similar devices will not be permitted. Carriages must have appropriate braking systems and lights satisfactory to the city's designee. The mechanical inspection shall be reviewed by the chief of police. The chief of police shall inspect each taxicab concerning its sanitary condition. All taxicabs shall be so inspected on or before January 1 of each year. (Ord. 1215, 7-17-2009)

Taxi Cab Company: SkyLine Taxi Service LLC  
Owner: Robert Carrington  
License plate: 7BACB34

- ☒ Taxicab is sanitary and in good appearance
- ☒ No defects in the windshield which would cause an obstruction
- ☒ Taxicab is easily distinguishable from other taxicabs
- ☒ Taxicab has a lighted sign to indicate the vehicle is in our out of service
- ☒ Taxicab is equipped with a taximeter
- ☒ Taxicab shall post a taxicab rate card or sticker "4x6" in plain view
- ☒ Proof of Insurance
- ☒ Proof of vehicle inspection completed
- ☒ Headlights, tail lights, brake lights, turn signals

04/02/25  
Date of Inspection

A.E. Bailey SP12  
Inspected by