

DEPARTMENT OF FINANCE & REVENUE
CITY OF ABERDEEN
123 SOUTH LINCOLN ST.
ABERDEEN, SD 57401 – 4215
(605) 626-7023

APPLICATION FOR LICENSE
FOR PRIVATE AMBULANCE SERVICE

OFFICE USE ONLY:

Fee Paid _____
Rec. # _____ Year _____
New _____ Renew _____ Date Lic. Issued _____
Bond or Ins. No. _____
Effective From _____ To _____
Approved by Dept.: _____
City Council: _____

LICENSE VALID FOR THREE (3) YEARS

License Valid From _____ to _____

Fee - \$100.00 for 1st ambulance, \$60.00 for 2nd ambulance, \$20 each additional ambulance

TOTAL \$ _____

Note: Changes in vehicle during license year must be reported to the City Finance Office along with transfer fee of \$1.00

(PLEASE PRINT OR TYPE)

1. APPLICANT:

NAME _____ PHONE # _____

CURRENT ADDRESS: _____

EMAIL ADDRESS: _____

2. OWNER OF AMBULANCE SERVICE:

NAME _____ PHONE # _____

CURRENT ADDRESS: _____

EMAIL ADDRESS: _____

3. NAME OF PROPOSED AMBULANCE SERVICE: _____

4. LIST YOUR TRAINING IN TRANSPORTATION AND CARE OF PATIENTS:

5. LIST YOUR EXPERIENCE IN TRANSPORTATION AND CARE OF PATIENTS:

6. LOCATION OF PLACE OR PLACES OF PROPOSED AMBULANCE SERVICE:

7. DESCRIPTION OF PLACE OR PLACES OF PROPOSED AMBULANCE SERVICE:

8. VEHICLE INFORMATION:

A. PROVIDE INFORMATION REGARDING EACH AMBULANCE TO BE USED:

MAKE	MODEL	YEAR	VIN	YRS/MOS IN USE

B. ATTACH DRAWING OR PHOTOGRAPH OF INSIGNIA, NAME, MONOGRAM, OR OTHER DISTINGUISHING CHARACTERISTICS TO BE USED BY APPLICANT TO DESIGNATE EACH AMBULANCE LISTED ABOVE.

9. ACKNOWLEDGE THE FOLLOWING BY PLACING YOUR INITIALS IN EACH BLANK:

_____ Applicant has received a copy of Aberdeen City Code, Ch. 20, Art. III, Div. 2 regulating private ambulance service in the City of Aberdeen and has read and understands the same.

_____ Accompanying this application are true and correct copies of all licenses issued by the State of South Dakota regulating the operation of ambulance services and the most current inspection records by any State department or agency charged with overseeing ambulance services certifying the ambulances, equipment, and premises designated in this application.

_____ Applicant acknowledges that no person shall operate within the City of Aberdeen any ambulance of the Applicant without first having obtained from the City Council an ambulance driver license.

I AGREE THAT IF THIS LICENSE IS GRANTED, I WILL CONFORM TO AND OBEY ALL THE REQUIREMENTS OF SOUTH DAKOTA LAW AND CITY OF ABERDEEN ORDINANCES GOVERNING PRIVATE AMBULANCE SERVICE.

DATE _____ **SIGNATURE** _____