

CITY OF BLOOMINGTON

MOBILE VENDOR INSPECTION CHECK SHEET

COMPANY PERFORMING INSPECTION _____
INSPECTOR'S NAME _____ INSPECTOR'S PHONE # _____
DATE OF INSPECTION _____
TAXICAB COMPANY _____
VEHICLE YEAR _____ MAKE _____ MODEL _____
VIN _____

	PASS	FAIL	COMMENTS
LIGHTS (Front & Rear)	_____	_____	_____
FLASHERS	_____	_____	_____
REFLECTORS	_____	_____	_____
HORN	_____	_____	_____
WINDSHIELD WIPERS	_____	_____	_____
MIRRORS	_____	_____	_____
SEATBELTS	_____	_____	_____
BUMPER HEIGHT	_____	_____	_____
ALL WINDOWS	_____	_____	_____
MUFFLER	_____	_____	_____
TIRES	_____	_____	_____
BRAKES	_____	_____	_____
DOORS	_____	_____	_____
GENERAL CONDITION OF VEHICLE	_____	_____	_____

**Attach this completed Inspection Sheet with your permit or renewal application
and remit to:**

**City of Bloomington
Department of Economic and Sustainable Development
401 N. Morton St.
Bloomington, Indiana 47404
812-349-3419**

Additional Comments by Inspector: _____

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