



Taxicab License Application

AUTHENTIC by nature

APPLICANT INFORMATION

Name of Business _____

Business Address _____

Business Phone () _____ Fax Number () _____

Business Website _____ Contact E-Mail _____

Owner Name _____

Home Address _____

Phone () _____ Number of Vehicles to be licensed: _____

Type of Vehicle (Make, Model & Year) _____

Motor & Engine # _____ State License Plate # _____

Type of Vehicle (Make, Model & Year) _____

Motor & Engine # _____ State License Plate # _____

DRIVER INFORMATION

Name _____ Sex¹ _____

Address _____

Insurance Company _____ Policy # _____

(PLEASE SUBMIT A CERTIFICATE OF INSURANCE WITH THE APPLICATION)

Date of Birth _____ Place of Birth _____

Former Occupation _____

Driving Experience (in years) _____ Phone () _____

Valid Drivers License Number _____ State _____

Signature of Applicant _____

Date _____

All applicants must provide a (1) current copy of their driver's license, (2) current driver's abstract from the Secretary of State, (3) current copy of their proof of auto insurance and (4) proof of a current Certificate of Safety issued for the licensed vehicle by the State of Illinois .

Annual fee for first taxicab	Each additional taxicab	Annual Fee per Driver
\$15	\$10	\$4

For Office Use Only

Date Rec'd _____ Date Issued _____ Expires _____

Copy of Valid Drivers License _____ Expires _____

Current Driver's Abstract from the Secretary of State _____

Proof of Insurance _____ Expires _____

Certificate of Safety _____ Expires _____

¹ Sex and Place of Birth are requested for identification purposes only and are not used as an item of preference or to ascertain qualifications for a license.