

CITY OF FREEPORT, ILLINOIS
TAXICAB LICENSE APPLICATION



FOR OFFICE USE ONLY		
NEW _____	RENEWAL _____	
DENIED _____	APPROVED _____	LICENSE NO. _____
APPLICATION DATE PAID _____	LICENSE DATE PAID _____	

Business Name: _____

Business Legal Address: _____

Business Local Address: _____

Business Phone Number: _____

1. TYPE OF OWNERSHIP

_____ (a) Individual

Name _____	Address _____	Phone _____
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_____ (b) Partnership: List all partners and attach a copy of Articles of Agreement of Partnership. Provide copy of Articles or Agreement of Partnership. If previously filed, attach notarized statement that no material changes have occurred in these documents or attach a corrected current copy of these documents.

Name _____	Address _____	Phone _____
_____	_____	_____
_____	_____	_____

_____ (c) Corporation: List all officers, directors and persons holding 20 percent or more of shares. Attach copy of Articles of Incorporation. If previously filed, attach a notarized statement that no material changes have occurred in these documents or attach a corrected current copy of these documents.

Corporation Officer Information (use separate sheet if necessary)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. VEHICLE INFORMATION

Cab Number _____ License Plate _____

Make _____ Model _____

Year _____ Color _____

Vehicle Identification Number (VIN) _____

Price paid for vehicle _____

ATTACH COLOR PHOTO OF THE VEHICLE TAKEN WITHIN 14 DAYS OF FILING. PHOTOS MUST BE NO LESS THAN TWO INCHES BY TWO INCHES SQUARE.

ATTACH COPY OF STATE OF ILLINOIS VEHICLE REGISTRATION

ATTACH COPY OF ILLINOIS SAFETY LANE INSPECTION

3. INSURANCE COVERAGE

Name of Insurance Company: _____

Expiration Date: _____ Agent Name: _____

ATTACH COPY OF INSURANCE POLICY

4. OWNERSHIP OF VEHICLE

Other ownership interests:

No _____ Yes (please list) _____

Liens against vehicle:

No _____ Yes (please list) _____

5. FARE AND RATE SCHEDULE

List your schedule of rates to be charged and the method of charging in detail:

6. EXPERIENCE

Please briefly describe your experience in providing the transportation of passengers:

7. MISCELLANEOUS

By signing below, I affirm that the information contained in this application is true and correct and I am thoroughly familiar with the ordinances pertaining to licensing and regulating of taxicabs in the City of Freeport, Illinois, and I agree to abide by these and all other ordinances of the City and the laws of the State of Illinois.

Signature

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary: _____

