

APPLICATION FOR TAXICAB OPERATOR'S LICENSE
SPRINGFIELD, ILLINOIS

August 1, _____ - July 31, _____.

Application for a Taxicab Operator's License under the laws of the State of Illinois and the ordinances of the City of Springfield.

GENERAL INFORMATION

1. Name of Taxicab Company _____
2. Company Business Address _____
Zip: _____ Phone Number of Company _____
3. Name Under Which Operator's License Will Be Held: _____
 - 3a. If individual(s):
Person(s) Name(s), Address(es), and Phone Number(s):

 - 3b. If a corporation:
Chief Executive's Name: _____
Address and Phone: _____
Chief Fiscal Officer's Name: _____
Address and Phone: _____
 - 3c. If a legal partnership:
All Partner's Name, Address and Phone:

4. Have you ever had a Springfield, Illinois taxicab operator's license revoked?
_____ YES _____ NO
 - 4a. IF YES, When and Why? _____

VEHICLE INFORMATION

5. Does each taxicab have an approved meter installed? _____ YES _____ NO
6. Number of Taxicabs applying to be Registered for a decal: _____
7. **Attachment Required:** Insurance Policy, in accordance with 110.304-110.304.3 of the Springfield Code of Ordinances, covering all taxicabs operated by the applicant.

AFFIDAVIT

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I/we have paid all taxes or other debts owed to the City of Springfield. I/we understand that the approving authority shall refuse to issue this license until such time as all taxes and/or outstanding debts are paid.

SIGNATURES REQUIRED: Individual applicant; or, all partners of a partnership; or, if a limited partnership any general partners and any limited partners; or, if corporation, chief executive and, if applicable, chief fiscal officer.

Signature _____

Signature _____

Print Name _____

Print Name _____

Title _____

Title _____

Date _____

Date _____

SPACE BELOW IS FOR LICENSING OFFICE USE ONLY

Operator's Fee: \$_____ (\$100)

Taxicab Fees: \$_____ (\$50 per)

Number of Taxicabs Verified _____

Approving Authority: _____ APPROVED:___ DENIED:___ DATE: _____

SPACE BELOW FOR CITY CLERK'S OFFICE USE ONLY

_____ Sent to City Clerk for issuance of decalcomania

Taxicab Decal #'s: _____