CITY OF CRYSTAL LAKE

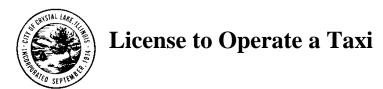


Application: License to Operate a Taxi

Return Completed Form To: City of Crystal Lake 100 W. Woodstock St. Crystal Lake, IL 60014 Attn: City Manager's Office

Enclosures:

- o Completed, signed and notarized application.
- o Insurance certificate for each cab operated
- Safety certificate issued by an Illinois Department of Transportation certified safety testing station for each taxicab indicating the vehicle(s) are in safe mechanical condition.
- Applicable Fees
- o Taxi Driver Background Check for each taxi driver



Office Use Only
Date Received
Fees Paid

Cab Company Information	
Name	
Address of Organization	
Date of Incorporation	
Officers Information	
Title/Office Held	
First, Middle Initial, Last Name	
DOB	
Address	
Phone Number	
Title/Office Held	
First, Middle Initial, Last Name	
DOB	
Address	
Phone Number	
Title/Office Held	
First, Middle Initial, Last Name	
DOB	
Address	
Phone Number	
Contact Person	
First, Middle Initial, Last Name	
Address	
Phone Number	
Email Address	

Taxi Cab Information	Drivers Using This Vehicle	Office Use Only
Year	Divers using this vehicle	Date of Inspection
		_
Make & Model		Tag No.
Mfg. VIN		Insurance
License Plate		
Number		
License Expiration		
Company ID #		_
Taxi Cab Information	Drivers Using This Vehicle	Office Use Only
Year	Darvers come and venter	Date of Inspection
Make & Model		Tag No.
IVIANC & IVIUUCI		1 ag 110.
Mfg. VIN		Insurance
License Plate		
Number		
License Expiration		
Company ID #		
T C-1 I C	D II TI TI	Office Use Only
Taxi Cab Information	<u>Drivers Using This Vehicle</u>	
Year Year	Drivers Using This Venicle	Date of Inspection
	Drivers Using This Venicle	
Year	Drivers Using This Venicle	Date of Inspection
Year Make & Model Mfg. VIN License Plate	Drivers Using This Venicle	Date of Inspection Tag No.
Year Make & Model Mfg. VIN License Plate Number	Drivers Using This Venicle	Date of Inspection Tag No.
Year Make & Model Mfg. VIN License Plate	Drivers Using This Venicle	Date of Inspection Tag No.
Year Make & Model Mfg. VIN License Plate Number	Drivers Using This Venicle	Date of Inspection Tag No.
Year Make & Model Mfg. VIN License Plate Number License Expiration	Drivers Using This Vehicle Drivers Using This Vehicle	Date of Inspection Tag No.
Year Make & Model Mfg. VIN License Plate Number License Expiration Company ID #		Date of Inspection Tag No. Insurance
Year Make & Model Mfg. VIN License Plate Number License Expiration Company ID # Taxi Cab Information		Date of Inspection Tag No. Insurance Office Use Only
Year Make & Model Mfg. VIN License Plate Number License Expiration Company ID # Taxi Cab Information Year		Date of Inspection Tag No. Insurance Office Use Only Date of Inspection
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^{*}For additional taxis please attach supplemental sheets*

Fees		Amount Paid
Licensing		
	\$100.00	\$
Taxi Tags (per vehicle)	\$20.00 x(# of vehicles)	
		\$
Background Checks	\$50.00 x(# of drivers)	
		\$
	Total Due	\$

<u>Affidavit</u>

Application must be signed as follows: Individual by applicant; Partnership by two partners; Organization by president and secretary

I, (we) swear that I (we) will not violate any of the ordinances of the City of Crystal Lake, nor the laws of the Sate of Illinois, nor the

laws of the United States of America, in the conduct of the place of business, described herein, and that the statements contained in the application are true and correct to the best of my (our) information and belief.

Printed Name

Signature

Title

Printed Name

Signature

Title

Date

State of:

County of:

Subscribed and sworn before me, this _______ day of ______

Commission Expires: