

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:

- Completed, signed and notarized application.
- 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
- Taxi Driver Background Check for each taxi driver



License to Operate a Taxi

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			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			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	
<u>Year</u>			<u>Date of Inspection</u>	
<u>Make & Model</u>			<u>Tag No.</u>	
<u>Mfg. VIN</u>			<u>Insurance</u>	
<u>License Plate Number</u>				
<u>License Expiration</u>				
<u>Company ID #</u>				
Taxi Cab Information		Drivers Using This Vehicle	Office Use Only	
<u>Year</u>			<u>Date of Inspection</u>	
<u>Make & Model</u>			<u>Tag No.</u>	
<u>Mfg. VIN</u>			<u>Insurance</u>	
<u>License Plate Number</u>				
<u>License Expiration</u>				
<u>Company ID #</u>				

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	\$

Affidavit

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 State 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 _____

Notary: _____

Commission Expires: _____