

CITY OF HERRIN, ILLINOIS

TAXI LICENSE APPLICATION

Name of Applicant: _____

Home Address: _____ Telephone: _____

Business Address: _____ Telephone: _____

Business Ownership: _____ Sole Proprietorship _____ Partnership
_____ Corporation _____ Other (specify)

(If a corporation, please attach copy of Articles of Incorporation; if a partnership and operating under assumed name, attach Certificate of Business Name).

IF APPLICANT IS A CORPORATION, please list names, addresses and telephone numbers of all officers and directors:

PRINCIPAL OWNERS: Name, address and telephone number of all persons owning 10% or more of the business and percent owned.

Are you over the age of twenty-one (21)? _____ YES _____ NO

DRIVERS LICENSE INFORMATION FOR ALL DRIVERS:

Name Drivers License # Exp. Date

Name Drivers License # Exp. Date

Name Drivers License # Exp. Date

VEHICLES:

1.	_____	_____	_____	_____
	Year	Make/Model	VIN	License #
2.	_____	_____	_____	_____
	Year	Make/Model	VIN	License #
3.	_____	_____	_____	_____
	Year	Make/Model	VIN	License #
4.	_____	_____	_____	_____
	Year	Make/Model	VIN	License #

FINANCIAL RESPONSIBILITY:

In order to comply with the Illinois Vehicle Code, please attach a bond in the amount of \$250,000.00 for each vehicle, or an insurance policy issued by a company authorized to transact business in the State of Illinois, which insures the owner to a minimum amount of \$250,000.00 for bodily injury and \$50,000.00 for damage to property for each vehicle. The insurance policy shall contain a description of each motor vehicle, including the manufacturer's name, number and the state license number.

Attach a copy of the certificate from the Office of Secretary of State.

Color scheme or insignia to be used: _____

FEE: \$100.00 plus \$25.00 for each additional vehicle.

Date: _____

Name of Company

Signature of Owner