



**APPLICATION FOR TAXICAB LICENSE**

Name of applicant: \_\_\_\_\_

Home address: \_\_\_\_\_

Driver's license # \_\_\_\_\_ State: \_\_\_\_\_

Name, address and phone number of business: \_\_\_\_\_

(No license shall be issued to an applicant who is using property zoned residential as his place of business.)

If a corporation, state where incorporated: \_\_\_\_\_

Number of vehicles to be operated: \_\_\_\_\_

Make, model and present title, license and serial number of each vehicle:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of drivers to be employed: \_\_\_\_\_

Names and addresses of drivers to be employed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tax identification number: \_\_\_\_\_

Have you, or the people you are doing business for, ever been convicted of a crime, misdemeanor, or violation of a municipal ordinance? **YES/NO** (circle one). If so, state the nature of the offense and the punishment assessed.

Vehicle Safety Test Certificate number of each vehicle: \_\_\_\_\_

License fee is **\$50.00**/year for the license plus **\$5.00**/driver

Date of request: \_\_\_\_\_

**AUTHORIZATION TO RESEARCH CRIMINAL RECORDS**

Date: \_\_\_\_\_

Full name of person whose name will be researched: \_\_\_\_\_

Aliases used: \_\_\_\_\_

Current address: \_\_\_\_\_

Other addresses used in last 10 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, the undersigned, who have provided the information listed above, hereby authorize and allow the City of Rochelle, Illinois, and the Rochelle Police Department to conduct a search of any criminal record(s) relating to me for the purpose of considering an application I have made to the City of Rochelle, Illinois for a Taxicab licenses.

SIGNATURE OF APPLICANT \_\_\_\_\_