

# CITY OF ROCK ISLAND

## LICENSE APPLICATION



# HORSE-DRAWN CARRIAGE/DRIVER

**License Year: May 1 through April 30**

**New Application** \_\_\_\_\_

**Renewal** \_\_\_\_\_

**Fees: \$50.00/carriage/year**

**\$10.00/driver/year**

**APPLICANT INFORMATION**

BUSINESS NAME	ADDRESS	CITY, STATE and ZIP CODE
TELEPHONE NUMBER	LOCATION OF STABLES	LOCATION OF CARRIAGE STORAGE
MANAGER'S NAME	OWNER'S NAME	OWNER'S TELEPHONE NUMBER

If owner is a partnership, list names and addresses for all partners. If owner is a corporation, list names and addresses of all officers and state of incorporation. (use separate sheet if needed)

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Has owner, partner, or corporate officer of this business ever:

been denied any type of license the City of Rock Island?	Yes	No
had any type of license revoked in the City of Rock Island?	Yes	No
been arrested for anything other than a minor traffic charge?	Yes	No
been convicted of anything other than a minor traffic charge?	Yes	No

For any "Yes" answer above, give offense number, name of offender, date of offense and final disposition.

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How many carriages will be licensed for operation? \_\_\_\_\_

For each carriage provide the following: (use separate sheet if needed)

Seating Capacity	Manufacturer

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Attached documents shall include: **Photographs** of all carriages, **Vehicle Inspection Reports**, **Health Certificates** for all horses, **Route Maps**, **Operation Schedule**, **Schedule of Rates and Charges**, and **Certificate of Insurance** naming the City of Rock Island as additional insured with \$100,000 for injury/death of one person, \$300,000 for injury/death of multiple persons per accident, and \$50,000 for property damage per accident.

I agree to abide by all laws and regulations of the City of Rock Island and the State of Illinois. I also agree that I will operate the carriage business in accordance with the regulations as set forth in the Municipal Code and the City of Rock Island, Illinois.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### INDEMNIFICATION AGREEMENT

The application/license hereby agrees to hold harmless and to indemnify the corporate City of Rock Island and Rock Island County, Illinois, and its agents and employees from any and all claims brought against the agents and employees as the result of any act or commission or omission on the part of the applicant, licensee, his/her heirs, successors or assigns regardless whether such act, or commission is the direct or indirect result of the authority granted by this Horse-Drawn Carriage Business License.

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Business: \_\_\_\_\_

Date of Application: \_\_\_\_\_

STATE OF ILLINOIS            )  
  ) ss:  
COUNTY OF ROCK ISLAND )

Subscribed and sworn to before me, a Notary Public, and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

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**DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE**

The following documents are attached to this application:

Carriage photos		Carriage inspection reports	
Health certificates		Route maps	
Operation schedule		Schedule of Rates/charges	
Certificate of insurance		Other	

<b>Traffic Engineering Approval Date</b>

<b>Police Department Approval Date</b>

<b>City Council Approval Date</b>

<b>City Clerk Approval Date</b>

<b>License Fee</b>

<b>License Fee Receipt Number</b>

<b>License Number</b>

<b>License Printed Date</b>

<b>License Delivery Date</b>

Return completed application to:  
 City Clerk's Office, 1528 3<sup>rd</sup> Avenue, Rock Island, IL. 61201  
 (309) 732-2010

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### HORSE-DRAWN CARRIAGE VEHICLE INSPECTION

BUSINESS NAME	ADDRESS	CITY, STATE and ZIP CODE
TELEPHONE NUMBER	LOCATION OF CARRIAGE STORAGE	VEHICLE NUMBER
SEATING CAPACITY	MANUFACTURER	PHOTOGRAPH NUMBER

As Inspection Officer for the City of Rock Island, I have inspected vehicle number \_\_\_ for the following items:

INSPECTED ITEM	APPROVED	DISAPPROVED
Wheel Size (No less than 1 ¼ inch, spoke wheels with rubber coverings)		
Safety - Brakes		
Safety - Tail Lights		
Safety - Brake Lights		
Safety - Head Lights		
Safety - Turn Indicators		
Safety - Manure Catcher		
Safety - Chemical Compound		
Safety - Slow-Moving Vehicle Sign		

If in non-compliance, the business has agreed to take the necessary measures to meet regulations, and I will inspect again when notified by business of improvements and changes made in order to meet regulations.

\_\_\_\_\_  
Signature of Business Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspection Officer

\_\_\_\_\_  
Date

I have approved this vehicle for the safety regulations listed hereon.

\_\_\_\_\_  
Signature of Inspection Officer

\_\_\_\_\_  
Date

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### HORSE-DRAWN CARRIAGE DRIVER

DRIVER'S NAME	ADDRESS	CITY, STATE and ZIP CODE
TELEPHONE NUMBER	DRIVER'S DATE OF BIRTH	DRIVER'S SOCIAL SECURITY NUMBER
DRIVER'S CITY AND STATE OF BIRTH	ARE YOU A U.S. CITIZEN?	

Provide addresses for the five years prior to current residence.

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Provide Employment History for last five years.

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Height:	Weight:	Hair Color:	
Build:	Scars or other identifying marks:	Eye Color:	
		Yes	No
Do you wear glasses?			
Are you hearing impaired?			
Do you have other physical infirmities? If "Yes" explain on separate sheet.			
Are you in sound physical condition? If "No" explain on separate sheet.			
Do you have a drug or alcohol addiction?			
Have you ever been convicted of a felony or misdemeanor? If "Yes" explain on separate sheet.			
Have you ever been convicted of operating a motor vehicle while under the influence of alcohol or drugs? If "Yes" explain on separate sheet.			
Have you received more than three moving violations in the past twelve months or more than five moving violations in the past twenty-four months? If "Yes" explain on separate sheet.			
Have you ever had your driver's license suspended or revoked? If "Yes" explain on separate sheet.			

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Name of Carriage Company

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Certificate of Horsemanship Attached: Yes \_\_\_\_\_

No \_\_\_\_\_

Police Department Approval Date

City Clerk Approval Date

License Fee

License Fee Receipt Number

License Number

License Printed Date

License Delivery Date

Return completed application and additional documents to:  
City Clerk's Office, 1528 3<sup>rd</sup> Avenue, Rock Island, IL. 61201  
(309) 732-2010