

CITY OF ROCK ISLAND

LICENSE APPLICATION



TAXI CAB SERVICE

License Year: May 1 through April 30

New Application _____
Fee: \$50/per vehicle

Renewal _____

APPLICANT INFORMATION

BUSINESS NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

APPLICANT'S NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

Is business incorporated: YES: _____ NO: _____

If Yes, date of incorporation: _____

Year	Make	Model	Serial No.	State License Plate No.	Seating Capacity

If additional space is needed, use a separate sheet to complete listings

CITY OF ROCK ISLAND

LICENSE APPLICATION

All drivers must be licensed annually by the City of Rock Island Police Department. Applications are available at the Rock Island Police Station.

I hereby certify that I have complied with the requirements as outlined in the Revised Statutes of the State of Illinois governing chauffeurs engaged in driving automobiles, motor vehicles or similar vehicles for hire and have posted a good and sufficient bond of insurance in the Office of the Secretary of State of Illinois (**a copy of which is attached to this application**) pursuant to the requirements as listed in the Revised Statutes of the State of Illinois, governing same.

Signature of Applicant

Date of Application

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

Certificate of Insurance included: Yes: _____ No: _____ Number of Vehicles: _____

Taxi Permit Numbers: _____

Attach these permits to the inside of the back windows of the vehicles listed on page one of this application. If vehicles are replaced with another vehicle or removed from service, you are required to inform this office of the changes, and furnish required information on new vehicles.

City Clerk Approval Date

License Fee

License Fee Receipt Number

License Number

License Printed Date

License Delivery Date

**Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**