

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Take Me There Taxi License Approval
Date: October 24, 2014



Attached is a taxi cab service application and insurance from Michael Agok of 700 9th Avenue. Mr. Agok would like to operate a Taxi Cab Service in the City of Rock Island full-time at his residence.

The Community and Economic Development Department was contacted and Mr. Agok is not required to apply for a Special Use Permit because customers and non-resident employees will not be coming to the residence.

Mr. Agok will be utilizing a 2004 Dodge Sports Van with a seating capacity of seven. It is noted that Mr. Agok will be the sole owner and driver of this taxi cab service. Mr. Agok has complied with the requirements by submitting the completed application and proof of insurance.

According to Chapter 8, Sec. 8-398 (b) Limitation of Licenses, it states that prior to the granting of a license to new applicants, the application shall be referred to the City Council for approval. A copy of the ordinance is attached.

RECOMMENDATION:

It is recommended that Council approve the application for Take Me There Taxi Cab Service.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager

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
Take Me There Taxi	700 9th Avenue	Rock Island	IL	61201
TELEPHONE NO. (309) 752-3546				

APPLICANT'S NAME	ADDRESS	CITY	STATE	ZIP CODE
Michael Agok	700 9th Avenue	Rock Island	IL	61201
TELEPHONE NO. (309) 752-3546				

Is business incorporated: YES: _____ NO: _____

If Yes, date of incorporation: _____

Year	Make	Model	Serial No.	State License Plate No.	Seating Capacity
2004	Dodge	Sport Van	2D4GP44LX4F	V952315	7

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

10/22/2014

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: 1

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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

10/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER American Business Ins. Services, Inc. 32107 W. Lindero Canyon Rd #120 Westlake Village, CA 91361		CONTACT NAME: PHONE (A/C. No. Ext): (800) 980-1950 E-MAIL ADDRESS:		FAX (A/C. No.):	
INSURED Michael Agok dba Take Me There Taxi 700 9th Avenue Rock Island, IL 61201		INSURER(S) AFFORDING COVERAGE INSURER A: New York Marine & General Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC# 16608	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AU2014TLP01612	10/21/2014	10/21/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 250,000 PROPERTY DAMAGE (Per accident) \$ 50,000 UM \$ 20K/40K	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

2004 Dodge Grand Caravan 2D4GP44LX4R530657

*10 Day Notice of Cancellation in the event of Non-Payment of Premium.

CERTIFICATE HOLDER

The City of Rock Island

1528 3rd Avenue

Rock Island, IL 61201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Sec. 8-398. Limitation of licenses.

- (a) The total number of taxicab licenses which shall be issued by the city shall not exceed fifty (50).
- (b) Prior to the granting of a license to new applicants for licenses under the provisions of this article, the application shall be referred to the city council for its investigation and recommendation.

(Code 1963, Ch. VI, Art. II(T), § 4)