City of Crystal Lake

Application for a Taxicab License

June 1st to May 31st

NAME OF TAXICAB COMPANY: _____

IF APPLICATION IS ON BEHALF OF AN INDIVIDUAL:

_____ _____ _____
First Name Middle Initial Last Name

_____
Residential Address City State Zip Code

____/____/_____ (_____) _____-_____
Date of Birth Home Phone

IF APPLICATION IS MADE ON BEHALF OF A PARTNERSHIP OR CORPORATION: PROVIDE THE NAMES, ADDRESSES AND DATES OF BIRTH OF ALL PARTNERS, OFFICERS & DIRECTORS

_____ _____ _____
First Name Middle Initial Last Name

_____
Residential Address City State Zip Code

____/____/_____ (_____) _____-_____
Date of Birth Home Phone

_____ _____ _____
First Name Middle Initial Last Name

_____
Residential Address City State Zip Code

____/____/_____ (_____) _____-_____
Date of Birth Home Phone

_____ _____ _____
First Name Middle Initial Last Name

_____
Residential Address City State Zip Code

____/____/_____ (_____) _____-_____
Date of Birth Home Phone

_____ _____ _____
First Name Middle Initial Last Name

_____
Residential Address City State Zip Code

____/____/_____ (_____) _____-_____
Date of Birth Home Phone

Return completed form to: City of Crystal Lake – 100 W. Woodstock Street – Crystal Lake, IL. 60014
ATTN: City Manager's Office

Rev. 07/2009

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Date of incorporation of partnership or firm: _____/ _____/ _____

Object for which corporation or partnership was formed: _____

_____

Character of the business: _____

_____

Business Address City State Zip Code

Does the applicant have a taxicab license in any other municipality? ☐ Yes ☐ No

If so, please give the name, address and phone number of the municipality:

_____

_____

TAXICAB DRIVERS:

No person may drive a taxicab if that person has been convicted of a felony within the past five years, or must register as a sex offender as required by the Sex Offender Registration Act, 730 ILCS 150. A criminal background fingerprint check will be performed through the office of the Chief of Police, or his designee, through the Illinois State Police, Bureau of Identification and the Federal Bureau of Investigations database systems.

Each person applying to drive a taxi shall submit a separate TAXIDRIVER APPLICATION AND BACKGROUD CHECK AUTHORIZATION form, which may be submitted with this application or individually.

A $50 fee shall be paid by the company or the individual driver for each person for whom a background investigation must be conducted.

It shall be unlawful for any driver of a taxicab while on duty to drink any intoxicating liquor or to use any profane or obscene language, to shout or call to prospective passengers or to disturb the peace in any way.

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DESCRIPTION OF EACH TAXICAB:

Year	Make & Model	Mfg. Vehicle Identification Number
State License Plate Number	Expiration	Cab Company Identification Number

Year	Make & Model	Mfg. Vehicle Identification Number
State License Plate Number	Expiration	Cab Company Identification Number

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Note: If more than five taxicabs are operated, attach SUPPLEMENTAL TAXICAB VEHICLE APPLICATION form(s) as necessary.

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INCLUDE WITH APPLICATION:

1. Copy of current proof of liability insurance as required by statute.
2. Safety certificate issued by an Illinois Department of Transportation certified safety testing station for each taxicab indicating the vehicle(s) are in safe mechanical condition.
3. Applicable fees:

License Fee: $100.00 plus $20.00 for each taxicab operated	$_____
Background check fee: $50.00 for each individual for whom a background investigation must be conducted	$_____
Total	$_____

AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF McHENRY)

I (we) swear that I (we) will not violate any of the ordinances of the City of Crystal Lake, or the laws of the State of Illinois, or the laws of the United States of America, in the conduct of the place of business described herein, and that the statements contained in the application are true and correct to the best of my (our) information and belief.

_____
Signature Title

_____
Signature Title

Subscribed and sworn to before me, this

_____ day of _____

_____

Notary Public

My Commission Expires: _____

Note: Application must be signed as follows: Individual by applicant; Partnership by two partners; Organization by president and secretary

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