



**2017 TAXI CAB AND TAXI CAB VEHICLES
BUSINESS LICENSE APPLICATION**

Office of the City Clerk - Business Services
150 West Jefferson Street
Joliet, Illinois 60432
Office 815-724-3905 Fax 815-724-3904
Email: businessservices@jolietcity.org
Website: www.cityofjoliet.info

Office Use Only:
Date Received: _____
Date Issued: _____
Business Account ID: _____

This application pertains to the following type of businesses: Taxi Cab Company and Vehicles (Public Passenger). Each driver must complete the separate Chauffeur License Application.

Please print legibly. All information and supplemental requirements must be completed and submitted. **Incomplete forms will be returned.** Please allow a *minimum* of twenty (20) business days for process and review prior to opening.

New Business: _____ Change of Ownership: _____ Expansion: _____ Renewal: _____
Proposed Opening Date: _____ Date Opened: _____

LOCAL BUSINESS INFORMATION

Business Name (DBA): _____ Store Number: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Fax Number: _____

Agent/Operator (Manager) Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____

CORPORATE BUSINESS INFORMATION

Corporate Name: _____

Contact Name: _____

Corporate Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): _____

State of Illinois Business Tax Number (IBT - Submit IDOR Certificate of Registration): _____

Mailing address for all correspondence: Local Business: _____ Corporate: _____

BUSINESS OWNERSHIP INFORMATION

Provide the following information regarding how the business was created and is owned:

____ Individual ____ Partnership ____ Limited Liability Corporation (LLC) ____ Private Limited Company (LTD) ____ Corporation

Legal Business Name: _____

If this is a **partnership**, provide name, address, and telephone number of all partners. If this is an **LLC or LTD**, provide the names, addresses and percentage of ownership held by each member. If this is a **Corporation**, provide the names and addresses of all persons holding three percent (3%) or more of the stock of the corporation and the percentage of ownership held by each member. If additional space is needed, add a separate page.

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet's business license.

Name of applicant (print)

Signature of applicant

Title of applicant

Date

ADDITIONAL BUSINESS OWNERSHIP INFORMATION

Owner address for previous five (5) years:

Highest educational grade achieved: _____

Military Service? No: _____ Yes: _____ If yes, which branch? _____

Date and type of discharge? _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____ Race: _____

State of Illinois Driver's License Number: _____

Date Issued: _____ Date Expires: _____

Type or Class of Driver's License: _____ Restrictions: _____

Answer the following questions by circling Y (for yes) or N (for no). If you answer yes to any question you must submit a detailed explanation of the circumstances on a separate sheet.

- Y N Do you have any mental or physical disabilities?
- Y N Have you ever been convicted of leaving the scene or a property damage accident?
- Y N Have you ever been convicted of leaving the scene of an injury or fatal accident?
- Y N Have you ever been convicted of driving while under the influence of alcohol or drugs (including any court supervision cases)?
- Y N Have you ever been convicted of a felony or misdemeanor under the laws of any state or government?
- Y N Has your driver's license ever been suspended or revoked in any state or country?

Explanation (include: date; location; offense; and penalty or punishment imposed):

ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL

The following items must be submitted with the application:

- Valid government issued photo ID
- Proof of Insurance: The policy of insurance shall cover all public passenger vehicles and shall, as a minimum insure the applicant against any liability for injury to persons or property within the limits of two hundred fifty thousand dollars (\$250,000.00) for each person injured, three hundred thousand dollars (\$300,000.00) for each accident, and fifty thousand dollars (\$50,000.00) for property damage, said coverage for property damage shall protect all persons and property other than the applicant. In addition, the City of Joliet shall be named as a certificate holder on the certificate of insurance. The certificate of insurance must show that coverage may not be cancelled or materially changed without thirty (30) days prior notice to the City of Joliet.

2017 Vehicle Information Sheet

Please provide the following information for each vehicle to be operated in the City of Joliet. Use additional sheets if needed. Please print legibly.

Total number of vehicles used in the City of Joliet: _____

Description of company logo (color, shape): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

Vehicle Number: _____ Mileage: _____

Year: _____ Make: _____

Model: _____ Plate Number: _____

Color: _____ Seating Capacity: _____

Vehicle Identification Number (VIN): _____

2017 Rate and Charges Fee Schedule for the City of Joliet

The following worksheet must be completed in accordance with Section 30-73 of the Joliet Code of Ordinances on an annual basis and not less than thirty (30) days prior to any proposed rate and charge fee changes. Please print legibly. Use additional sheets if needed.

Date when proposed fee increase will take place (City of Joliet must receive written notice of any change a minimum of thirty (30) prior to the change occurring): _____

BUSINESS INFORMATION

Corporate Name _____

Business Name (DBA): _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

RATE AND FEE SCHEDULE

Flag drop fee: _____

First mile fee: _____

Each one-tenth mile or fraction thereafter fee: _____

Per hour for waiting time: _____

Flat fee for first additional passenger: _____

Flat fee for each additional passenger after the first initial passenger: _____

Age of additional passenger that must pay fee: _____

Specific request for a minivan: _____

Payment of tolls: _____

Additional costs associated with traveling beyond certain boundaries within the corporate limits of the City of Joliet (parts of Joliet have a Plainfield mailing address): Yes: _____ No: _____

Additional cost for traveling to other communities: Yes: _____ No: _____

Fuel Surcharge: Yes: _____ No: _____