



## 2018 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](mailto:businessservices@jolietcity.org)  
Website: [www.cityofjoliet.info](http://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: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **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.

## 2018 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): \_\_\_\_\_

**2018 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: \_\_\_\_\_