



# Village of Downers Grove

## TAXI CAB LICENSE APPLICATION

Date: \_\_\_\_\_

Application is hereby made to the Village of Downers Grove for issuance of a Taxi Cab license, pursuant to the ordinances of the Village and laws of the State of Illinois.

### 1. GENERAL INFORMATION

#### 1.1. Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### 1.2. Status

Individual(s) or Sole Proprietorship

Corporation

Limited Liability Company

Partnership

Other (explain) \_\_\_\_\_

#### 1.3. Manager

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

2. PREMISES

2.1. Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2.2. Principal Place of Business: \_\_\_\_\_

3. CORPORATION/LIMITED LIABILITY COMPANY

This section must be completed by authorized agent of any corporate or limited liability Applicant. If Applicant is a partnership, skip section 3 and go to section 4. If Applicant is neither a corporation, limited liability company, nor a partnership, skip sections 3 and 4 and go to section 5.

3.1. Applicant was incorporated or organized under the laws of the State  
of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_  
, A.D. \_\_\_\_\_ .

3.2. Is Applicant authorized to transact business in the State of Illinois?

Yes       No

3.3. Registered Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3.4. Corporate Applicants and limited liability company Applicants must complete and attach Officers and Directors, and Ownership Interests forms.

#### 4. PARTNERSHIP

This section must be completed by authorized agent of any partnership Applicant. If Applicant is not a partnership, skip to Section 5.

4.1. Applicant was formed under the laws of the State of \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

4.2. Is Applicant a limited partnership pursuant to the Illinois Revised  
Uniform Limited Partnership?       Yes       No

4.3. If Applicant was not formed under the laws of the State of Illinois, is  
Applicant a foreign partnership qualified under the Illinois Uniform  
Partnership Act or the Illinois Uniform Limited Partnership Act, as now

or hereafter amended, to transact business in the State of Illinois?

Yes       No

4.4. Registered Agent:       Not Applicable

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4.5. General Partner:       Not Applicable

Note: if there is more than one general partner, include that general partner who is to be primarily responsible for operation of the licensed premises.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4.6. Managing Partner:       Not Applicable

Note: if there is more than one managing partner, include that managing partner who is to be primarily responsible for operation of the licensed premises.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4.7. Partnership Applicants must complete and attach the Partnership form.

5. SOLE PROPRIETORSHIP

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last four): \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, date/place of naturalization: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Skip to Section 6.

6. QUALIFICATIONS

6.1. Has any license issued to the applicant, the manager or any person or entity listed on the Officers and Directors, Ownership Interests, or Partnership forms ever been fined, revoked or suspended?

\_\_\_ No

\_\_\_ Yes, please identify the following:

a. Jurisdiction revoking or suspending license: \_\_\_\_\_

b. Date of revocation or suspension: \_\_\_\_\_

c. Reason given by revoking jurisdiction for revocation or suspension:

\_\_\_\_\_

d. Additional explanatory information, if desired: \_\_\_\_\_

\_\_\_\_\_

6.2. Has Applicant, the manager, or any person or entity listed on Officers and Directors, Ownership Interests, or Partnership forms, ever been convicted of a felony under Federal or State law?

\_\_\_ No

\_\_\_ Yes, please identify the following:

a. Type: \_\_\_\_\_

b. Date: \_\_\_\_\_

c. Jurisdiction: \_\_\_\_\_

d. Additional explanatory information, if desired: \_\_\_\_\_

\_\_\_\_\_

6.3. Is applicant a resident of Downers Grove?

\_\_\_ Yes \_\_\_ No \_\_\_ Not Applicable - Corporation/LLC/Partnership

7. CERTIFICATE OF INSURANCE

7.1. Insurance Details

Insurance Carrier (Required): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

## 7.2. Attach Certificate of Insurance

Applicant MUST attach a certificate of Insurance showing that the Taxicab Company, its drivers and employees are adequately insured against public liability, property damage and worker's compensation claims. See Downers Grove Municipal Code Section 22.302(c) and (e)

## 8. REQUIREMENTS

For each taxicab, attach to this application form:

- a. Taxicab Registration Form
- b. Current Certificate of Insurance
- c. Certificates of Inspection of Taxicab and Taximeter

**The Village of Downers Grove issues Taxicab Coupons to some senior citizens and handicapped persons. Your company MUST accept these coupons and provide written records substantiating the use of these coupons before reimbursement can be made. See Downers Grove Municipal Code Section 22.407. Log sheets submitted for coupon reimbursement MUST show origin with valid street address and city, and destination with valid street address and city. THESE COUPONS ARE NEVER TO BE USED FOR FARES TO OR FROM ANY AIRPORT.**

9. DISCLOSURE

9.1. Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments and fingerprinting. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

9.2. In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the Village and provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

**THE UNDERSIGNED, BEING DULY SWORN, DOES STATE AS FOLLOWS:**

**A. THAT THE UNDERSIGNED IS EMPOWERED TO PREPARE AND SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT.**

**B. I CERTIFY THAT I HAVE READ AND RETAINED A COPY OF CHAPTER 22 OF THE DOWNERS GROVE MUNICIPAL CODE.**

**D. THAT THE UNDERSIGNED HAS REVIEWED THIS APPLICATION, AND ALL ATTACHMENTS AND SUBMITTALS, AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.**

Name of Corporation/Limited Liability Company/Partnership/Sole

Proprietorship: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_