CITY OF DECATUR
FINANCE DEPARTMENT
#1 GARY K ANDERSON PLAZA
DECATUR IL 62523
LICENSING – (217) 424-2709

FEE: $100
plus $15 per vehicle

License Expires
September 30

AMBULANCE LICENSE APPLICATION

Circle one: Corporation LLC Partnership Individual Owner

PLEASE PRINT

Name_____

Doing Business As_____ Phone #_____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name_____ Phone #_____

Address_____
Street City State Zip Code

This license application must be accompanied by:

1. Description of Vehicles
2. Certificate of Insurance on all vehicles
3. Name, Date of birth, and qualifications of all attendants
4. Locations/Description of place(s) from which service operates
5. Letter of affirmation from local or other EMS Resource Hospital per CH. 53; 4(f)
6. List of all names under which you do or propose to do business

_____/_____
Signature of Applicant Title

TO BE COMPLETED BY FINANCE DEPT.

_____
City Manager or Designee Date

New _____ Renewal_____

Amount Paid $_____

Date Paid _____

Insurance Expired _____

License Number_____

License Issued _____

5-3-23

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AMBULANCE LICENSE

DESCRIPTION OF VEHICLES

MAKE	MODEL	YEAR OF MANUFACTURE	SERIAL NUMBER	LENGTH OF TIME IN USE

5-3-23