



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

FEE: \$100 per vehicle

License Expires April 30

VEHICLE FOR HIRE BUSINESS LICENSE APPLICATION

Business Organization: (*Please Circle one*) Corporation LLC Partnership Individual Owner
PLEASE PRINT

Business Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name _____

Home Address _____
Street City State Zip Code

Name and Address of every Owner, Partner, or Stockholder owning 5% or more of the Business and Officer/Directors/Registered Agent of Corporation: (*use additional sheets of paper if necessary*)

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Local Manager _____ Phone # _____
First MI Last

Address _____
Street City State Zip Code

Number of Vehicles Licensed _____ (Please list on separate sheet)

CONTINUE ON SECOND PAGE

FOR CITY OF DECATUR OFFICE USE ONLY

APPROVED:

City Manager or Designee

Date

New _____ Renewal _____

Amount Paid \$ _____

Date Paid _____

License Number _____

License Issued _____

Current Rate Schedule (per person; per trip; etc.-Be Specific)_____

THE UNDERSIGNED APPLICANT AGREES TO IMMEDIATELY NOTIFY THE CITY OF DECATUR LICENSING DIVISION OF ANY MATERIAL CHANGE IN THE LICENSEE, INCLUDING BUT NOT LIMITED TO THE LOCATION, CONTACT INFORMATION, ORGANIZATION OR OWNERSHIP OF THE BUSINESS, INCLUDING BUT NOT LIMITED TO PARTNERS, STOCKHOLDERS, OWNERS OR LOCAL MANAGER. THE UNDERSIGNED FURTHER AGREES TO OBSERVE ALL REQUIREMENTS OF CHAPTER 60 OF THE CITY CODE AND ALL OTHER ORDINANCES AND LAWS OF THE CITY OF DECATUR AND THE STATE OF ILLINOIS. THE UNDERSIGNED ACKNOWLEDGES THAT ANY FALSE REPRESENTATION MADE ON THIS APPLICATION OR THE REQUIRED ATTACHMENTS SHALL BE SUFFICIENT REASON AND CAUSE FOR THE REVOCATION OF SAID LICENSE.

Signature of Applicant: _____ Date: _____



Company	Year	Make	Model	Color	VIN #	State Registration # (License Plate #)
Vehicle #						

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VEHICLE FOR HIRE COMPANY LICENSE
LISTING OF DRIVERS

NAME (First, MI, Last)	ADDRESS (Street, City, St, Zip)	ILLINOIS DL#	Vehicle for Hire Driver's License#



CITY OF DECATUR ILLINOIS

#1 GARY K. ANDERSON PLAZA

DECATUR, ILLINOIS 62523-

VEHICLE FOR HIRE DRIVER'S LICENSE APPLICATION AUTHORIZATION AUTHORIZED SIGNATURE FORM

Please complete this form with the names and signatures of any person within your business who has the authority to authorize someone to apply for a Vehicle for Hire Driver's License for your business. All Vehicle for Hire Driver's Licenses are company specific.

PLEASE PRINT

Business Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Those authorized to sign:

FULL NAME

SIGNATURE

VEHICLE FOR HIRE - BUSINESS

What must be turned in:

- 1 Completed Application
- 2 Fee (\$100 per vehicle)
- 3 Photo ID (all listed on application)
- 4 Certificate of Good Standing
- 5 Current Rate Schedule
- 6 List of Vehicles
 - ASE Inspections forms & copy of ASE Cert
 - Meter inspections cert. if applicable
- 7 Certificate of Insurance w/City additional Insured
- 8 List of Drivers
- 9 Photo of side and back of vehicles

The City will:

- 1 Check for debt owed to the City
- 2 Do a background check through Police Dept
- 3 Verification of vehicles