



**City of Rockford – Customer Service Center**  
**1st floor, City Hall, 425 E. State Street, Rockford, IL 61104**  
**779-348-7300 [CustomerService@rockfordil.gov](mailto:CustomerService@rockfordil.gov)**

**LICENSE APPLICATION – TAXI CAB DRIVER**

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE OF \$20.00 AND COPY OF STATE DRIVER'S LICENSE. APPLICANT MUST BE AT LEAST 21 YEARS OF AGE AND SUBMIT A STATE BACKGROUND CHECK ALONG WITH THE APPLICATION

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant Current Address: \_\_\_\_\_  
Street City/State/Zip

Applicant Address Past 3 Years: \_\_\_\_\_  
Street City/State/Zip Dates  
\_\_\_\_\_  
Street City/State/Zip Dates

Applicant's Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ SSN#: \_\_\_\_\_ Illinois Drivers License #: \_\_\_\_\_

Length of Residency in City of Rockford: \_\_\_\_\_ Citizen of the United States: \_\_\_\_\_ YES \_\_\_\_\_ NO

Has applicant ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has applicant ever been convicted of a misdemeanor? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has applicant ever been licensed as a driver or chauffeur? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, when and where? \_\_\_\_\_

Has your driver's license ever been revoked or suspended? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, then for what cause? \_\_\_\_\_

Applicant's Previous Place of Employment: \_\_\_\_\_  
Dates Place Job Classification

I, the above applicant, do hereby swear and affirm that the information provided on this application is true, correct and complete. I understand that this is solely an application to drive a taxi cab and is not permission to drive a taxi cab until all applicable ordinances of the City of Rockford have been fully complied with, and this application is properly signed by the departments listed below, and an official license is issued by the Finance Director.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Received By: \_\_\_\_\_

License fee attached: YES / NO Final Action due: \_\_\_\_\_ (21 days from receipt)

**Police:** Approved / Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Finance:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_