City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300

LICENSE APPLICATION – TAXI CAB LICENSE

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE AND INSPECTION FORM FOR EACH VEHICLE. THIS LICENSE APPLIES TO ANY TAXICAB INCLUDING LIVERY VEHICLES AND SINGLE-RATE TAXIS

Name of Applicant: _____ Date of Application: _____

Applicant Address: _____
Street City/State/Zip

Applicant Phone #: _____ Email Address: _____

Business Name: _____ Tax ID: _____

Business Address: _____
Street City/State/Zip

Type of Business Organization: ___Individual ___Partnership ___D.B.A. ___Corporation
If Corporation, Registered Agent and Address:
_____

Certificates of Insurance Attached: _____ YES _____ NO Expiration Date: _____

Number of Vehicles: _____ X $57.00 each = _____**Taxi Cab License Fee**

Inspection Completed: _____ YES _____ NO Number of Inspection forms received: _____

Vehicles can be inspected by:

- Phil's Power Plus, 2305 Kishwaukee St., Rockford, IL 61104 (815)963-4425
- Scotts RV Truck and Auto Repair, 3301 American Rd. Rockford, IL 61109 (815)874-0900

Customer pays for vehicle inspection

Please note a twenty percent (20%) penalty will be added to the license fee if not paid within 30 days; furthermore, if not paid within sixty (60) days, the penalty will be fifty percent (50%)

I, the undersigned, thoroughly understand that this is solely an application to operate a business, and is not permission to operate a business 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 or designee.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

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

Legal Approved / Disapproved By: _____ Date: _____

Finance: Approved / Disapproved: By: _____ Date: _____

TAXI CAB LICENSE APPLICATION

Description of Vehicles

Make	Model	Year	Color	Serial Number	H.P.	Seating Capacity	State License Plate Number

City of Rockford - Finance Department - Revenue
1st floor, City Hall, 425 E. State Street, Rockford, IL
779-348-7300

TAXI CAB INSPECTION FORM
(Completed by an Authorized facility. Must submit one for each Vehicle)

NAME OF CAB COMPANY _____

CAB COMPANY ADDRESS _____

Vehicle Make, Model & Year _____

Vehicle Serial Number _____

CHECK LIST

1)	Cab Number	_____	11)	Horsepower Rating	_____
2)	License Plate #	_____	12)	Brakes	_____
3)	Vehicle Sticker Expiration	_____	13)	Brake Signals	_____
4)	Name of business on both sides of the body	_____	14)	Tail Lights	_____
5)	Driver License Photo	_____	15)	Doors	_____
6)	Driver's Attire	_____	16)	Tires	_____
7)	Cleanliness - Interior	_____	17)	Head Lamps	_____
8)	Cleanliness - Exterior	_____	18)	All Glass area	_____
9)	Seating Capacity	_____	19)	Turn Signals	_____
10)	Meter Check	_____	20)	Fares Posted	_____

DATE OF INSPECTION _____ BY _____

COMMENTS: (Use number of item for identification)

LICENSE SUSPENSION WHEN VEHICLE IS UNFIT _____ Yes _____ No
If NO identify check list number and explain: