



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

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 \$58.00 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: _____

Sticker Numbers: _____



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: