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 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Has your driver's license ever been revoked or suspended?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: _____