

**CITY OF PEORIA  
TAXICAB LICENSE APPLICATION**

Date: \_\_\_\_\_

Cab #: \_\_\_\_\_

1. Business name: \_\_\_\_\_
2. Business address: \_\_\_\_\_
3. Business phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. Name of owner (individual, corporation officers or partners):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Applicant's specific duties within said business: \_\_\_\_\_
6. Is business incorporated? \_\_\_\_\_ If yes, where is the corporation authorized to do business?  
\_\_\_\_\_
7. Principal place of business: \_\_\_\_\_
8. Name of insurance company furnishing liability insurance:  
\_\_\_\_\_
9. Taxicab Information:  
Make/Year \_\_\_\_\_ Vehicle ID # \_\_\_\_\_  
Style of Body \_\_\_\_\_ Color \_\_\_\_\_  
State License Number \_\_\_\_\_

I hereby affirm that the above information is true and correct to the best of my knowledge and belief. Furthermore, I hereby affirm that this vehicle is insured for the minimum requirements as stated in the Code of the City of Peoria section 30-81. The undersigned hereby makes application to operate a taxicab within the City of Peoria, Illinois and agrees to operate same in accordance with all regulations and conditions imposed by the laws of the State of Illinois, and the laws and ordinances of the City of Peoria, Illinois.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

APPROVED: \_\_\_\_\_  
Finance Director/Comptroller

10/2010

Return to: Accounts Receivable Office  
419 Fulton Street, Room 111  
Peoria, IL 61602  
Phone: (309) 494-8588

Deliver completed application along with:

License fee of \$30.00 per cab  
Insurance policy for cab