

Permit Year: \_\_\_\_\_

Carriage #: \_\_\_\_\_

## CITY OF PEORIA HORSE DRAWN VEHICLE PERMIT APPLICATION

The undersigned hereby makes application pursuant to Article III, Chapter 30 of the Code of the City of Peoria to operate a horse drawn vehicle within the City of Peoria, Illinois and agrees to operate same in accordance with all applicable laws and regulations imposed thereon.

1. Trade name of Business: \_\_\_\_\_  
 Business address: \_\_\_\_\_  
 (not PO Box) \_\_\_\_\_  
 Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_
  
2. Name of applicant: \_\_\_\_\_  
 Business address: \_\_\_\_\_  
 Business phone number: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Home phone number: \_\_\_\_\_
  
3. If a proprietorship or partnership list **names of all owners, their residence address, phone number** below. If an association or corporation, list the information for all officers, directors and members. Add additional sheets if necessary. NOTE: This section must be fully completed.  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_
  
4. Corporation Name: \_\_\_\_\_  
 Is corporation qualified to do business in the State of Illinois? \_\_\_\_\_  
 Date and place of incorporation: \_\_\_\_\_
  
5. Name of insurance company furnishing liability insurance policy: \_\_\_\_\_  
 \_\_\_\_\_
  
6. Describe horse drawn vehicle business to be operated: \_\_\_\_\_  
 \_\_\_\_\_
  
7. Describe manner in which applicant will install, maintain and operate business:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. Hours of operation: \_\_\_\_\_

**Complete Reverse Side**

9. Location from which business is to be operated: \_\_\_\_\_
10. Routes to be served or utilized (attach map): \_\_\_\_\_  
\_\_\_\_\_
11. Number of vehicles to be operated: \_\_\_\_\_
12. Type of animal used to draw vehicle: \_\_\_\_\_
13. List kind, make and model of vehicle to be operated: \_\_\_\_\_  
\_\_\_\_\_
14. List safety and sanitation devices and methods to be employed: \_\_\_\_\_  
\_\_\_\_\_
15. Describe manner and location for feeding, watering, sheltering, quartering, stabling and otherwise caring for animals: \_\_\_\_\_  
\_\_\_\_\_
16. Describe method to be used for transporting animals: \_\_\_\_\_  
\_\_\_\_\_
17. List rates and charges to all classes of passengers: \_\_\_\_\_  
\_\_\_\_\_

**Note: The following is required to be attached to this application:**

**Certificate of Soundness  
Map of route(s)**

**Insurance Certificate  
Color photo of the vehicle**

I hereby affirm that the information contained in this application is true and correct to the best of my knowledge and belief. I further affirm that I am familiar with and eligible under the provisions of Article III, Chapter 30 of the Code of the City of Peoria and that I shall abide by same. I understand that any false statements could result in the revocation, suspension or denial of a permit. I understand I cannot operate prior to receiving and posting the permit.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Seal)

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

**Mail or deliver to:** Accounts Receivable Division, 419 Fulton Street, Peoria, IL 61602

**Questions:** (309) 494-8588 or email to: [AR@ci.peoria.il.us](mailto:AR@ci.peoria.il.us)

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**OFFICE USE ONLY**

City Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Traffic Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

Captain of Police/Traffic: \_\_\_\_\_ Date: \_\_\_\_\_

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

10/2010