



Date Received______ Fee Amount_____ License Number_____

TAXI & PUBLIC PASSENGER COMPANY LICENSE APPLICATION

Fee Amount				
License Number				
Full Business Name		P	hone	
Principal Place of Business Street Address		F	ах	
City/State/Zip				
TYPE OF BUSINESS: Corpora	tion Individual/Sol	e Proprietorship 🗖 Lin	nited Liability Co.	Partnership
Are you licensed to do business under	the laws of the State	of Illinois? Yes	No \square	
This applicant, other than an Individua	I/Sole Proprietorship,	was organized, formed	or incorporated under	the laws of the
State of	on the	day c	of	year
Illinois Business Corporation Act Illinois Secretary of State Other than an Individual/Sole Proprieto Illinois? Yes No Illinois Business Corporation Act Illinois Secretary of State	orship is this business	nois Revised Uniform Li nois Revised Uniform Pa qualified pursuant to or inois Revised Uniform L nois Revised Uniform Pa	artnership Act ne of the following to to imited Partnership Ac	ransact business ir
*****Before you proceed w Has any company license issued to th If yes, please provide additional explai	e Applicant(s) listed e	ver been revoked or sus	spended? Yes	No 🔲





Has Applicant, or any person listed been convicted of a felony based upon their conduct or involvement in such business activity or similar business with the past ten (10) years? Yes No
Has Applicant or any person or entity listed as Officer, Shareholder, Member, Manager or Partner, ever been convicted of misdemeanor based upon his/her conduct or involvement in such business activity or similar business within the past fiv (5) years? Yes No D
If yes, please provide additional explanatory information
SUBMITTALS:
A certificate of insurance insuring the Taxi or Public Passenger Service Company and owners of all passenger vehicle for which licenses are sought, its drivers and vehicles for which licenses are sought, its drivers, and employees, for publi liability and property damage, where applicable. The limits of liability shall be, with respect of each vehicle covered by such policy, no less than \$2,000,000.0 combined single limit, each accident or such other amounts as required by law.(see ordinance for additional info) The policy shall be endorsed to provide a 30 day advance written notice of any cancellation or expiration thereof to the Village of Oak Brook.
Applicable Application Fees
Rate Information
A list of vehicles, including Make, Model, Year, VIN#s, and Cab numbers if applicable Capies of Drivers licenses for each person listed as Owner, Dettner, Officer, Director, Member or Stockholder
Copies of Drivers licenses for each person listed as Owner, Partner, Officer, Director, Member or Stockholder Copy of Tax identification
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FOR EACH INDIVIDUAL OR PERSON HAVING AN OWNERSHIP INTEREST OF FIVE PERCENT (5%) OR MORE IN THIS COMPANY SHALL BE DISCLOSED ON THIS APPLICATION.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name		_Phone
Home Address		
Date of Birth	Place of Birth	
Social Security Number	Driver's License#	
Position held with above name Business		
Percentage of stock owned or membership interest %_		
Are you a citizen of the United States? Yes	No	
Name		_Phone
Home Address		
Date of Birth		
Social Security Number	Driver's License#	
Position held with above name Business		
Percentage of stock owned or membership interest %_		
Are you a citizen of the United States? Yes	No 🔲	
Name		_Phone
Home Address		
Date of Birth	Place of Birth	
Social Security Number	Driver's License#	
Position held with above name Business		
Percentage of stock owned or membership interest %_		
Are you citizen of the United States? Yes N		





Name	Phone	
Home Address		
	Place of Birth	
Social Security Number	Driver's License#	
Position held with above name Business		
Percentage of stock owned or membership	interest %	
Are you a citizen of the United States? Yes	es No No	
Name	Phone	
Home Address		
Date of Birth	Place of Birth	
Social Security Number	Driver's License#	
Position held with above name Business		
Percentage of stock owned or membership	interest %	
Are you a citizen of the United States? Yes	es No D	
Name	Phone	
Home Address		
Date of Birth	Place of Birth	
Social Security Number	Driver's License#	
Position held with above name Business		
Percentage of stock owned or membership	interest %	
Are you a citizen of the United States? Yes	es No D	





The undersigned, does further state as follows:

- That the undersigned is empowered to prepare and sign the application on behalf of the Applicant.
- That the undersigned has reviewed this application, and all attachments and information contained herein is true and accurate.
- That the undersigned, on behalf of the Applicant, acknowledges and agrees that a false statement knowingly made in this application shall bar the applicant from further consideration and the application shall be denied.
- ➤ In accordance with the Village Code, the Village shall investigate the criminal history and veracity regards information on this application by the owner or owners of the applicant company. The Applicant authorizes and agrees that the Illinois State Police or other agency release information to the Village of Oak Brook in that regard.
- ➤ I acknowledge that I have read and understand the Village of Oak Brook ordinances pertaining to the Taxicab licensing (title 4, chapter 2) and/or Public Passenger licensing (title 4, chapter 10)

Applicant's signature	_Date
Applicant's signature	_Date
Applicant's signature	_Date

THIS APPLICATION AND ALL SUBMITTALS BECOME THE PROPERTY OF THE VILLAGE OF OAK BROOK. IF YOU WISH TO MAINTAIN COPIES OF THESE DOCUMENTS, PLEASE HAVE THOSE COPIES MADE PRIOR TO SUBMISSION.