

City of East Peoria
401 W. Washington St., East Peoria, IL 61611
Phone: 309.698.4715 Fax: 309.698.4747

New [] Renewal []

APPLICATION FOR LICENSE

BUSINESS INFORMATION:

Business Name: _____ Business Phone Number: _____

Business Address: _____ City _____ State _____ Zip _____

Business Mailing Address: _____ City _____ State _____ Zip _____

Number of vehicles to be operated under this permit _____

APPLICANT INFORMATION:

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Male: [] Female: []

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Phone Number: () _____ - _____ Alternate Phone Number: () _____ - _____

Driver's License Number: _____ State _____ Expiration Date: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

REVOCATIONS, CRIMINAL CONVICTIONS, SUSPENSIONS OR DENIALS:

(If you answer yes to any question, please attach a separate sheet with details.)

1. Have you ever had a taxicab service or taxicab driving permit, license or certificate denied, suspended or revoked by any public agency? Yes _____ No _____
2. Have you had felony convictions? Yes _____ No _____

I, the undersigned, hereby declare that I have carefully read the Section of the City Code relating to this business; that I understand it thoroughly and will carry out every provision thereof. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license and/or prosecution.

(Signature of applicant) Date _____

Initial Application Fee \$ 50.00 Date Received _____ Accepted by _____

VEHICLE REGISTRATION INFORMATION:

Cab # _____ License # _____ Year: _____ Make: _____ Model: _____

Taximeter # _____ Date Sealed: _____ Seal # _____

Cab # _____ License # _____ Year: _____ Make: _____ Model: _____

Taximeter # _____ Date Sealed: _____ Seal # _____

Cab # _____ License # _____ Year: _____ Make: _____ Model: _____

Taximeter # _____ Date Sealed: _____ Seal # _____

Cab # _____ License # _____ Year: _____ Make: _____ Model: _____

Taximeter # _____ Date Sealed: _____ Seal # _____

Date Sent to Police Department _____ NEW _____ Renewal _____

POLICE DEPARTMENT USE ONLY

Recommendation _____ Approved _____ Denied _____ Comments _____

Signature _____ Title _____ Date _____

Copy of Photo ID [] Liability Insurance [] Vehicle Registration/Ownership information []



TAXI DRIVER APPLICATION

APPLICANT INFORMATION:

Driver

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Male: [] Female: []

Driver's License Number: _____ State _____ Expiration Date: _____

Driver

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Male: [] Female: []

Driver's License Number: _____ State _____ Expiration Date: _____

Driver

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Male: [] Female: []

Driver's License Number: _____ State _____ Expiration Date: _____

Driver

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Male: [] Female: []

Driver's License Number: _____ State _____ Expiration Date: _____

Driver

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Male: [] Female: []

Driver's License Number: _____ State _____ Expiration Date: _____

Driver

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Male: [] Female: []

Driver's License Number: _____ State _____ Expiration Date: _____

Driver

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Male: [] Female: []

Driver's License Number: _____ State _____ Expiration Date: _____