

FOR OFFICE USE

Date Approved: _____

License # Issued: _____

Fee Received: _____



VILLAGE OF OAK BROOK
Laura Millsaps, Secretary
1200 Oak Brook Road
Oak Brook, Illinois 60523-2255
(630) 368-8720 Fax (630) 8721
lmillsaps@oak-brook.org

APPLICATION FOR CAB COMPANY LICENSE

FEE: \$200.00

Full Business Name: _____ **Phone #:** _____

Principal place of Business:
Street Address _____ **Fax#:** _____

City/State/Zip _____ **E-Mail Address:** _____

TYPE OF BUSINESS: Corporation Individual/Sole Proprietorship Limited Liability Co. Partnership

Length of time in business: _____ Character of business: _____

INDIVIDUAL/SOLE PROPRIETORSHIP : Are you a resident of Oak Brook Yes No

Other than an Individual/Sole Proprietorship this section must be completed by an authorized agent of the applicant

This applicant, other than an Individual/Sole Proprietorship, was organized, formed, or incorporated under the laws of the State of _____ on the _____ day of _____.

If applicant was not organized, formed or incorporated in the State of Illinois, is applicant a foreign business qualified under one of the following to transact business in Illinois Yes No Please check which one:

Illinois Business Corporation Act Illinois Revised Uniform Limited Partnership Act

Illinois Secretary of State Illinois Revised Uniform Partnership Act

Other than an Individual/Sole Proprietorship is this business qualified pursuant to one of the following to transact business in Illinois Yes No Please check which one:

Illinois Business Corporation Act Illinois Revised Uniform Limited Partnership Act

Illinois Secretary of State Illinois Revised Uniform Partnership Act

QUALIFICATIONS:

Has any taxicab license issued to the Applicant, or any persons or entity listed ever been revoked or suspended?

No Yes If yes, identify the following:

Jurisdiction revoking or suspending license:

Date of revocation or suspension:

Reason given by jurisdiction for revocation or suspension:

Additional explanatory information on the reverse of this form or on a separate sheet of paper



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IF THE ANSWER IS "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE REVERSE SIDE OF THIS FORM OR ON A SEPARATE SHEET OF PAPER:

Prosecuting jurisdiction, case number and date of conviction

Offense(s) charged

Offense(s) upon which conviction was entered

Additional explanatory information, if desired

Has Applicant, or any person or entity listed been convicted of a felony based upon his/her conduct or involvement in such business activity or similar business within the past ten (10) years?

No Yes

Has applicant been convicted of a felony or misdemeanor unrelated to his/her conduct or involvement in such business activity or similar business, but which felony or misdemeanor involved the use of a deadly weapon or possession of a deadly weapon, unlawful possession with the intent to deliver narcotic drugs or the possession with the intent of personal use or attempted possession of narcotic drugs, or violence against another person or threatened violence against another person, including criminal assault and sexual abuse within the past ten (10) years? NO YES

Has Applicant or any person or entity listed as Officer, Shareholder, Member, Manager or Partner, ever been convicted of a misdemeanor based upon his/her conduct or involvement in such business activity or similar business within the past two (2) years?

No Yes

SUBMITTALS:

In addition to this application, the following are submitted as applicable:

- APPLICATION FEE
- CERTIFICATE OF INSURANCE
- RATE CARD
- LIST OF VEHICLES (Including Cab #, Make, Model, Year, Vin #)

Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.



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Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Social Security Number: _____ Drivers License Number: # _____

Position held with above named business: _____

Yes No Are you a citizen of the United States? Yes No Are you a Naturalized Citizen?
 If you are a naturalized citizen give date and city of naturalization: _____

Court in which (or law under which) you were naturalized _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Social Security Number: _____ Drivers License Number: # _____

Position held with above named business: _____

Yes No Are you a citizen of the United States? Yes No Are you a Naturalized Citizen?
 If you are a naturalized citizen give date and city of naturalization: _____

Court in which (or law under which) you were naturalized _____

Name: _____ Phone number: # _____

Address: _____ Date of Birth: _____

City/State, Zip _____ Place of Birth: _____

Social Security Number: _____ Drivers License Number: # _____

Position held with above named business: _____

Yes No Are you a citizen of the United States? Yes No Are you a Naturalized Citizen?
 If you are a naturalized citizen give date and city of naturalization: _____

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ATTESTATION:

The undersigned, does further state as follows:

- A. That the undersigned is empowered to prepare and sign this application on behalf of the applicant.
- B. That the undersigned has reviewed this application, and all attachments and submittals, and that the information contained herein is true and accurate.
- C. 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.
- D. 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 cab company. The Applicant authorizes and agrees that the Illinois State Police or other agency release information to the Village in that regard.

APPLICANT _____

BY:

Signature _____

Print Name _____

Title _____