

**FOR OFFICE USE**

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

License # Issued: \_\_\_\_\_

Fee Received: \_\_\_\_\_



VILLAGE OF OAK BROOK  
Laura Millsaps, Secretary Support Services  
1200 Oak Brook Road  
Oak Brook, Illinois 60523-2255  
(630) 368-8720 Fax (630) 368-8721  
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Has any taxicab license issued to the Applicant, or any persons or entity listed ever been revoked or suspended?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 in the addendum at the end of this form.



IF THE ANSWER IS "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE ADDENDUM AT THE END OF THIS FORM:

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 or any person or entity listed as Officer, Shareholder, Member, Manager or Partner, ever 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, traffic in narcotic drugs, other controlled substances, or violence against another person, including criminal sexual assault and sexual abuse, within the past ten 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: \_\_\_\_\_

Court in which (or law under which) you were naturalized \_\_\_\_\_



**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 \_\_\_\_\_

**ADDENDUM**

Provide details requested for a YES answer to any qualifications