

# COMBINED APPLICATION FOR CITY OF URBANA & CITY OF CHAMPAIGN VEHICLE FOR HIRE COMPANY LICENSE

FOR OFFICE USE ONLY		July 1 – June 30, _____
Background Request & Fee <input type="checkbox"/>	CITY LICENSE PLATE # _____	General License # _____
Live Scan Fingerprints <input type="checkbox"/>	_____	Business # _____
Electronic Submission <input type="checkbox"/>	_____	Business License Fee: <b>\$270.00</b>
Vehicle Inspection(s) <input type="checkbox"/>	_____	Vehicle Fees: # _____ X \$75.00 = \$ _____
Proof of Insurance <input type="checkbox"/>	_____	Background Fees \$ _____
Vehicle Photo(s) <input type="checkbox"/>	_____	Vehicle Photo Fees \$ _____
Vehicle Registration(s) <input type="checkbox"/>	_____	TOTAL DUE \$ _____
Rate Schedule <input type="checkbox"/>	_____	
Sample of Receipt And/or Contract <input type="checkbox"/>		

**PLEASE PRINT**

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

STREET	CITY	STATE	ZIP
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NAME OF OWNER \_\_\_\_\_

LAST	FIRST	MIDDLE
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OWNER ADDRESS \_\_\_\_\_

STREET	CITY	STATE	ZIP
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BUSINESS PHONE ( ) \_\_\_\_\_ RESIDENCE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ NUMBER OF VEHICLES OPERATING \_\_\_\_\_

WHAT FORMS OF PAYMENT DO YOU ACCEPT? CASH  CREDIT/DEBIT CARD  CHECK

NAME OF REGISTERED OWNER OF VEHICLES WITH THE STATE OF ILLINOIS \_\_\_\_\_

IF APPLICATION IS FOR A PARTNERSHIP OR CORPORATION, PLEASE PROVIDE THE PARTNERS' NAMES AND ADDRESSES OR THE NAMES & ADDRESSES OF THE PRESIDENT, SECRETARY AND TREASURER:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ( ) NO ( ) YES IF YES, EXPLAIN: \_\_\_\_\_

I understand that issuance and continued validity of this license is contingent upon compliance with all applicable City Ordinances and that failure to comply with all pertinent regulations may result in revocation of this license as well as assessment of any penalties as stipulated in the City of Urbana or City of Champaign Code of Ordinances. I understand that the City of Urbana and the City of Champaign require proof of insurance coverage in the amount of **\$300,000** and that it is my responsibility to notify the Cities of the expiration, cancellation or change in status of the required insurance. I further acknowledge that it is my responsibility to inform the Cities of the transfer or sale of any of the vehicles referenced in this application for licensing.

The attached sheet(s) provide accurate and true information regarding the vehicles to be licensed.

SIGNED \_\_\_\_\_

APPLICANT SIGNATURE	OFFICIAL TITLE
_____	_____
PRINT NAME	DATE

<input type="checkbox"/>	New Manager/fingerprint
<input type="checkbox"/>	Manager Renewal/fee sub
<b>Office Use Only</b>	

**AUTHORIZATION**

**POLICE RECORD SEARCH**

**I hereby authorize and empower the City of Urbana and City of Champaign, Illinois and its agents to conduct a police record search;**

SIGNED ON \_\_\_\_\_ AT \_\_\_\_\_  
DATE LOCATION

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_  
**PLEASE PRINT** LAST FIRST MIDDLE INT.

ALIAS NAMES USED (MAIDEN, ETC.) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET/BOX NUMBER APT. #  
CITY STATE ZIP

PHONE NUMBER ( ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
MO / DA / YR

SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE

