



**CITY OF URBANA / CITY OF CHAMPAIGN VEHICLE FOR HIRE  
BUSINESS LICENSE APPLICATION**



**FOR OFFICE USE ONLY**

Background Request & Fee	<input type="checkbox"/>	<b>Nov. 1 – Oct. 31,</b> _____
Live Scan Fingerprints	<input type="checkbox"/>	License # _____
Electronic Submission	<input type="checkbox"/>	Business # _____
Vehicle Inspection(s)	<input type="checkbox"/>	Business
Proof of Insurance	<input type="checkbox"/>	License Fee:                 \$ <u>270.00</u>
Vehicle Photo(s)	<input type="checkbox"/>	Vehicle Fees:
Vehicle Registration(s)	<input type="checkbox"/>	# _____ x \$ 75.00 = \$ _____
Rate Schedule	<input type="checkbox"/>	Background Fees: \$ _____
Sample of Receipt	<input type="checkbox"/>	Photo Fees:                 \$ _____
And/or Contract	<input type="checkbox"/>	<b>Total Due:</b> \$ _____
Cash Only Sign (if applicable)	<input type="checkbox"/>	
City Contact Card	<input type="checkbox"/>	
City Issued Sticker(s) #: _____		

**PLEASE PRINT**

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

BUSINESS ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

NAME OF OWNER \_\_\_\_\_  
LAST FIRST MIDDLE

OWNER ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

BUSINESS PHONE ( ) \_\_\_\_\_ RESIDENCE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

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

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

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 all required documentation. 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 and that all inspections must be performed by a certified mechanic on approved forms. The attached sheet(s) provide accurate and true information regarding the vehicles to be licensed.

SIGNED \_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
OFFICIAL TITLE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE



