



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



FOR OFFICE USE ONLY

Background Request & Fee

Live Scan Fingerprints

Electronic Submission

Vehicle Inspection(s)

Proof of Insurance

Vehicle Photo(s)

Vehicle Registration(s)

Rate Schedule

Sample of Receipt

And/or Contract

Cash Only Sign (if applicable)

City Contact Card

Nov. 1 – Oct. 31, _____

License # _____

Business # _____

Business License Fee: \$ 270.00

Vehicle Fees:
_____ x \$ 75.00 = \$ _____

Background Fees: \$ _____

Photo Fees: \$ _____

Total Due: \$ _____

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:

NAME	TITLE	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

