



# 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: \$ 280.00

Vehicle Fees:

# \_\_\_\_\_ x \$ 78.00 = \$ \_\_\_\_\_

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

**VEHICLE FOR HIRE LICENSED DRIVERS FOR \_\_\_\_\_**

[illegible]