



City of Rockford - Finance Department - Revenue
1st floor, City Hall, 425 E. State Street, Rockford, IL
815-967-6753

LICENSE APPLICATION – TAXI CAB LICENSE

THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE.

Name of Applicant: _____ Date of Application: _____

Applicant Address: _____
Street City/State/Zip

Applicant Phone #: _____ Email Address: _____ Tax ID: _____

Business Name: _____ Tax ID: _____

Business Address: _____
Street City/State/Zip

Type of Business Organization: ___ Individual ___ Partnership ___ D.B.A. ___ Corporation
If Corporation, Registered Agent and Address:

Surety Bond Attached: ___ YES ___ NO Expiration Date: _____

Certificates of Insurance Attached: ___ YES ___ NO Expiration Date: _____

Number of Vehicles: _____ X \$35.00 ea = _____ Taxi Cab License Fee

Page 2 Completed: ___ YES ___ NO Number of Inspection forms received: _____

I, the undersigned, thoroughly understand that this is solely an application to operate a business, and is not permission to operate a business until all applicable ordinances of the City of Rockford including but not limited to Building, Zoning and Fire regulations, have been fully complied with, and this application is properly signed by the departments listed below, and an official license is issued by the Comptroller.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

License fee attached: YES / NO Final Action due: _____ (21 days from receipt)

City Council Action: ___ Approved ___ Disapproved Date: _____

Legal Department: ___ Approved ___ Disapproved Date: _____

Finance: Final Action (check one):

___ Approved and issued on _____ By _____ License # _____

___ Returned as incomplete on _____ By _____
with written explanation. (7 days from receipt)

___ Denied in writing on _____ By _____



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TAXI CAB INSPECTION FORM
(Complete One for Each Vehicle)

NAME OF CAB COMPANY On Time Taxi & Delivery

CAB COMPANY ADDRESS 3307 Kishwaukee Street, Rockford Illinois 61109

Vehicle Make, Model & Year _____

Vehicle Serial Number _____ How Long has Vehicle been used _____

CHECK LIST

- | | |
|---------------------------------|-----------------------------|
| 1) Cab Number _____ | 11) Horsepower Rating _____ |
| 2) License Plate # _____ | 12) Brakes _____ |
| 3) Vehicle Sticker # _____ | 13) Brake Signals _____ |
| 4) Insurance Sticker # _____ | 14) Tail Lights _____ |
| 5) Driver License Photo _____ | 15) Doors _____ |
| 6) Driver's Attire _____ | 16) Tires _____ |
| 7) Cleanliness - Interior _____ | 17) Head Lamps _____ |
| 8) Cleanliness - Exterior _____ | 18) All Glass area _____ |
| 9) Seating Capacity _____ | 19) Turn Signals _____ |
| 10) Meter Check _____ | 20) Fares Posted _____ |

DATE OF INSPECTION _____ BY _____

COMMENTS: (Use number of item for identification)

LICENSE SUSPENSION WHEN VEHICLE IS UNFIT _____ Yes _____ No
 If NO identify check list number and explain:

Vehicles Inspected by: Phil's Power Plus, 2305 Kishwaukee St., Rockford, IL 61104 (815)963-4425
 Customer pays for vehicle inspection