



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  
 Cost \$15.00 per vehicle per inspection