



**City of Rockford – Customer Service Center**  
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104  
779-348-7300 [CustomerService@rockfordil.gov](mailto:CustomerService@rockfordil.gov)

### **LICENSE APPLICATION – TAXI CAB LICENSE**

THIS APPLICATION **MUST** BE ACCCOMPANIED BY THE LICENSE FEE AND INSPECTION FORM FOR EACH VEHICLE. THIS LICENSE APPLIES TO ANY TAXICAB INCLUDING LIVERY VEHICLES AND SINGLE-RATE TAXIS

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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: \_\_\_\_\_

Certificates of Insurance Attached:  YES  NO Expiration Date: \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_ X \$62.00 each = \_\_\_\_\_ **Taxi Cab License Fee**

Inspection Completed:  YES  NO Number of Inspection forms received: \_\_\_\_\_

Vehicles can be inspected by:

- Phil's Power Plus, 2305 Kishwaukee St., Rockford, IL 61104 (815)963-4425
- Scotts RV Truck and Auto Repair, 3301 American Rd. Rockford, IL 61109 (815)874-0900

**Customer pays for vehicle inspection**

**Please note a twenty percent (20%) penalty will be added to the license fee if not paid within 30 days; furthermore, if not paid within sixty (60) days, the penalty will be fifty percent (50%)**

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 have been fully complied with, and this application is properly signed by the departments listed below, and an official license is issued by the Finance Director or designee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Received By: \_\_\_\_\_

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

**Legal** Approved / Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Finance:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

**Sticker Numbers:** \_\_\_\_\_



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## **TAXI CAB LICENSE APPLICATION**

## Description of Vehicles



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**TAXI CAB INSPECTION FORM**  
**(Completed by an Authorized facility. Must submit one for each Vehicle)**

NAME OF CAB COMPANY \_\_\_\_\_

CAB COMPANY ADDRESS \_\_\_\_\_

Vehicle Make, Model & Year \_\_\_\_\_

Vehicle Serial Number \_\_\_\_\_

**CHECK LIST**

1) Cab Number	_____	11) Horsepower Rating	_____
2) License Plate #	_____	12) Brakes	_____
3) Vehicle Sticker Expiration	_____	13) Brake Signals	_____
4) Name of business on both sides of the body	_____	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: