



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 ACCOMPANIED 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:

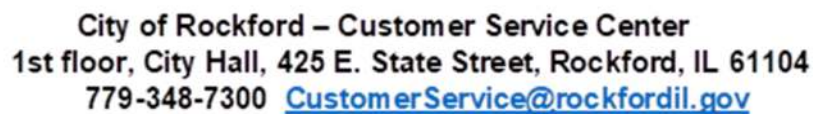
Date application received: \_\_\_\_\_ Received By: \_\_\_\_\_

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

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

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

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



### 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

If NO identify check list number and explain:

\_\_\_\_\_ Yes \_\_\_\_\_ No