



**CITY CLERK'S OFFICE  
304 SOUTH INDIANA AVENUE  
KANKAKEE, ILLINOIS 60901  
PHONE 815-933-0480  
FAX 815-933-0482**

**PUBLIC PASSENGER VEHICLES FOR HIRE  
DRIVER'S REGISTRATION APPLICATION**

**DATE:** \_\_\_\_\_

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**PERSONAL INFORMATION**

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**NAME OF APPLICANT** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

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**AGE**      **SEX**      **WEIGHT**      **HEIGHT**      **EYE COLOR**      **HAIR COLOR**

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**DRIVER'S LICENSE NUMBER** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

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**RESIDENCE ADDRESS** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

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**EMPLOYER INFORMATION (IF APPLICABLE)**

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**NAME OF EMPLOYER** \_\_\_\_\_ **BUSINESS ADDRESS** \_\_\_\_\_

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**NAME OF IMMEDIATE SUPERVISOR** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**PERSONAL REFERENCES:**

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**NAME**      **ADDRESS (CITY, STATE, ZIP CODE)**      **PHONE NUMBER**

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**NAME**      **ADDRESS (CITY, STATE, ZIP CODE)**      **PHONE NUMBER**

1. IS YOUR DRIVER'S LICENSE VALID, CURRENT AND PROPERLY CLASSIFIED BY THE SECRETARY OF STATE?  YES  NO

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(IF NO, PLEASE EXPLAIN)

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PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS APPLICATION.

2. HAVE YOU BEEN CONVICTED OF, OR PLACED ON SUPERVISION FOR MORE THAN THREE (3) OFFENSES AGAINST THE TRAFFIC REGULATIONS GOVERNING THE MOVEMENT OF MOTOR VEHICLES WITHIN TWO (2) YEARS OF THE DATE OF THIS APPLICATION?  YES  NO

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(IF YES, PLEASE EXPLAIN)

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3. HAVE YOU BEEN CONVICTED OF, OR PLACED ON SUSPENSION FOR RECKLESS DRIVING, DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, DRAG RACING, FLEEING OR ATTEMPTING TO ELUDE A POLICE OFFICER, LEAVING THE SCENE OR FAILURE TO REPORT AN ACCIDENT INVOLVING INJURY OR DEATH WITHIN FIVE (5) YEARS OF THE DATE OF THIS APPLICATION?  YES  NO

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(IF YES, PLEASE EXPLAIN)

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4. HAS YOUR DRIVER'S REGISTRATION, ISSUED UNDER THE PROVISIONS HEREIN, BEEN REVOKED OR SUSPENDED FOR CAUSE WITHIN THREE (3) YEARS AT THE DATE OF THIS APPLICATION?  YES  NO

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(IF YES, PLEASE EXPLAIN)

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5. **HAVE YOU BEEN CONVICTED OF A FELONY OFFENSE, INCLUDING MURDER, MANSLAUGHTER, RECKLESS HOMICIDE, RAPE, PROSTITUTION, ARMED ROBBERY OR VIOLENCE, ILLEGAL MANUFACTURE, POSSESSION OR DELIVERY OF A CONTROLLED SUBSTANCE OR ANY OFFENSE SIMILAR TO THE FOREGOING OFFENSES UNDER FEDERAL, STATE, AND LOCAL LAWS OR ORDINANCES?**  YES  NO

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(IF YES, PLEASE EXPLAIN)

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6. **HAVE YOU KNOWINGLY FURNISHED FALSE OR MISLEADING INFORMATION OR WITHHELD RELEVANT INFORMATION ON ANY REGISTRATION APPLICATION FOR ANY REGISTRATION REQUIRED ON THE PROVISIONS HEREIN, OR KNOWINGLY CAUSED OR SUFFERED ANOTHER TO FURNISHED OR WITHHOLD SUCH INFORMATION ON HIS BEHALF?**  YES  NO

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(IF YES, PLEASE EXPLAIN)

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**THIS PERMIT IS VALID FROM MAY 1, \_\_\_\_\_ THROUGH APRIL 30, \_\_\_\_\_.**

**DRIVER'S ID IS INVALID ON LEAVING EMPLOYMENT OF \_\_\_\_\_ CAB COMPANY.**

**I \_\_\_\_\_, DO HEREBY CERTIFY THAT THE INFORMATION SUBMITTED HERewith IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND UNDERSTAND THE CONDITIONS AND LIMITATIONS SET HERETOFORE.**

**SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_**

**TAXI DRIVER'S APPLICATION  
CRIMINAL BACKGROUND INVESTIGATION AND  
LOCAL ALPHA CONTACT REPORT  
RELEASE FORM**

**Applicant: Please read, sign and date the following:**

This is to inform you that a criminal background investigation and local alpha contact report will be conducted as part of your application processing.

I AUTHORIZE the City of Kankakee, Illinois, Police Department, to conduct a criminal history search, and other background checks required, through the City of Kankakee, Illinois per Chapter 33 of the Municipal Code Book Section 33-33.

I understand that my application approval is contingent upon successful completion of both the criminal background investigation and local alpha contact report. I acknowledge that if I provide false, inaccurate, incomplete or misleading information it may result in denial of this application and all future applications.

I also release City of Kankakee, from any and all claims and liability related to or arising from background investigation. I further release any and all parties providing information in connection with my taxi driver's application background investigation from any and all claims and liability related to or arising there from, and all such parties are authorized to provide any information requested by City of Kankakee in connection with the application background investigation and to rely on this release as if they were a party hereto.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Full Name/Include Maiden Name (Type or Print Legibly)

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Current Address (Street, Apt. #, City, State, Zip Code)

**PUBLIC PASSENGER VEHICLES FOR HIRE**  
**OPERATOR'S LICENSE APPLICATION**

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**PERSONAL INFORMATION**

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**NAME OF APPLICANT** **SOCIAL SECURITY NUMBER**

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**DRIVER'S LICENSE NUMBER** **EXPIRATION DATE**

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**RESIDENCE ADDRESS** **PHONE NUMBER**

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**BUSINESS INFORMATION**

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**NAME OF BUSINESS** **EMPLOYER IDENTIFICATION NUMBER**

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**BUSINESS ADDRESS** **PHONE NUMBER**

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**CHIEF EXECUTIVE OFFICER** **RESIDENCE ADDRESS**

**PRINCIPAL SHAREHOLDERS (IF APPLICABLE)**

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**NAME** **ADDRESS (CITY, STATE, ZIP CODE)**

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**NAME** **ADDRESS (CITY, STATE, ZIP CODE)**

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**NAME** **ADDRESS (CITY, STATE, ZIP CODE)**

**REFERENCES:**

**CREDIT**

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<b>NAME OF BUSINESS</b>	<b>ADDRESS (CITY, STATE, ZIP CODE)</b>	<b>PHONE NUMBER</b>
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<b>NAME OF BUSINESS</b>	<b>ADDRESS (CITY, STATE, ZIP CODE)</b>	<b>PHONE NUMBER</b>
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<b>NAME OF BUSINESS</b>	<b>ADDRESS (CITY, STATE, ZIP CODE)</b>	<b>PHONE NUMBER</b>
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**PERSONAL**

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<b>NAME</b>	<b>ADDRESS (CITY, STATE, ZIP CODE)</b>	<b>PHONE NUMBER</b>
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<b>NAME</b>	<b>ADDRESS (CITY STATE, ZIP CODE)</b>	<b>PHONE NUMBER</b>
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**SCHEDULE OF RATES**

**METERED RATES**

**FIRST 1/8 MILES OR FRACTION THEREOF: \$ \_\_\_\_\_**

**EACH ADDITIONAL 1/8 MILE OR FRACTION THEREOF: \$ \_\_\_\_\_**

**EACH ADDITIONAL PASSENGER: \$ \_\_\_\_\_ (FLAT RATE)**

**WAITING TIME PER EACH 1/2 MINUTE OR FRACTION THEREOF: \$ \_\_\_\_\_**

**OTHER (PLEASE DESCRIBE): \_\_\_\_\_**

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**NON-METERED RATES**

**FLAT RATE (ONE-WAY PER PERSON):** \$ \_\_\_\_\_

**SERVICE AREA:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER (PLEASE DESCRIBE):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER RATES:**

**SPECIAL OR DISCOUNT RATES (PLEASE DESCRIBE):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER (PLEASE DESCRIBE):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PUBLIC PASSENGER VEHICLES FOR HIRE**  
**VEHICLE INFORMATION**

(1)

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<b>MAKE</b>	<b>MODEL</b>	<b>YEAR OF MANUFACTURE</b>
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<b>SEATING CAPACITY</b>	<b>VEHICLE IDENTIFICATION NUMBER</b>
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<b>LICENSE PLATE NUMBER</b>	<b>EXPIRATION DATE</b>
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(2)

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<b>MAKE</b>	<b>MODEL</b>	<b>YEAR OF MANUFACTURE</b>
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<b>SEATING CAPACITY</b>	<b>VEHICLE IDENTIFICATION NUMBER</b>
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<b>LICENSE PLATE NUMBER</b>	<b>EXPIRATION DATE</b>
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(3)

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<b>MAKE</b>	<b>MODEL</b>	<b>YEAR OF MANUFACTURE</b>
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<b>SEATING CAPACITY</b>	<b>VEHICLE IDENTIFICATION NUMBER</b>
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<b>LICENSE PLATE NUMBER</b>	<b>EXPIRATION DATE</b>
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(4)

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<b>MAKE</b>	<b>MODEL</b>	<b>YEAR OF MANUFACTURE</b>
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<b>SEATING CAPACITY</b>	<b>VEHICLE IDENTIFICATION NUMBER</b>
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<b>LICENSE PLATE NUMBER</b>	<b>EXPIRATION DATE</b>
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(5)

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<b>MAKE</b>	<b>MODEL</b>	<b>YEAR OF MANUFACTURE</b>
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<b>SEATING CAPACITY</b>	<b>VEHICLE IDENTIFICATION NUMBER</b>
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<b>LICENSE PLATE NUMBER</b>	<b>EXPIRATION DATE</b>
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(6) \_\_\_\_\_  
MAKE MODEL YEAR OF MANUFACTURE  
\_\_\_\_\_  
SEATING CAPACITY VEHICLE IDENTIFICATION NUMBER  
\_\_\_\_\_  
LICENSE PLATE NUMBER EXPIRATION DATE

(7) \_\_\_\_\_  
MAKE MODEL YEAR OF MANUFACTURE  
\_\_\_\_\_  
SEATING CAPACITY VEHICLE IDENTIFICATION NUMBER  
\_\_\_\_\_  
LICENSE PLATE NUMBER EXPIRATION DATE

(8) \_\_\_\_\_  
MAKE MODEL YEAR OF MANUFACTURE  
\_\_\_\_\_  
SEATING CAPACITY VEHICLE IDENTIFICATION NUMBER  
\_\_\_\_\_  
LICENSE PLATE NUMBER EXPIRATION DATE

APPLICANT SHALL FURTHER FURNISH, IN ADDITION TO THE ABOVE INFORMATION, PROOF OF REQUIRED INSURANCE AND VEHICLE INSPECTION REPORTS FOR EACH VEHICLE TO BE COVERED BY THE LICENSE

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**CERTIFICATION**

I, \_\_\_\_\_, DO HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION, AND THE INFORMATION CONTAINED IN ANY DOCUMENTS SUBMITTED HEREWITH IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

A FEE OF \$25.00 PER EACH PUBLIC VEHICLE TO BE COVERED BY THE LICENSE, SHALL ACCOMPANY AND BE MADE PART OF THIS APPLICATION UPON ITS FILING WITH THE CITY CLERK.

OFFICE USE ONLY: PROCESSED BY: _____ DATE: _____  <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
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Here is a **sample** of a posting for your records:

**Notice of Public Hearing**

Notice is hereby given that the City of Kankakee License and Franchise Committee will hold a public hearing giving all persons interested the right to appear and to be heard regarding the proposed taxicab application for an operator's license submitted by \_\_\_\_\_ (your name/company). The public hearing will be held on \_\_\_\_\_ (date) in the City Council Chambers, Public Safety Building, 385 East Oak Street, Kankakee, Illinois, starting at 5:15 p.m.

Respectfully submitted by: \_\_\_\_\_ (your name)

This notice needs to be posted not less than five (5) days, nor more than fifteen (15) days from the date of the public hearing.

# **TAXI CAB REQUIREMENTS:**

## **APPLICATION**

COPY OF INSURANCE covered amount sum at least \$50,000.00 property damage,  
\$300,000.00 combined single limit for injuries

COPY OF A VALID AND CURRENT ILLINOIS STATE LICENSE

ILLINOIS STATE SAFETY LANE OR IDOT TEST – MUST PASS

VALID ILLINOIS PLATES

PROOF OF FINANCIAL RESPONSIBILITY

COPY OF SCHEDULED RATES

Changes or modifications to rate must be approved by License & Franchise and City Council. No new, modified or amended rate shall become effective or any change shall be effective until on file for 30 days in the Clerk's Office and approved by both License & Franchise and City Council.

3 CREDIT AND 2 PERSONAL REFERENCES

METERS ARE TO BE CHECKED BY POLICE CHIEF

## **FEE**

\$25.00 for each vehicle that will be reduced by 50% if paid during second half of license year.

\$10.00 for each driver

## **HEARING**

Upon filing of a vehicle-for-hire license application, a hearing notice must be published in a newspaper of general circulation. The notice shall state that an application for a operator's license has been made, giving the applicant's name, and that a public hearing on the application will be held by the License & Franchise Committee, designating the place, date, and hour. The date shall not be less than five (5) days, nor more than 15 (fifteen) days from the date of publication. Applicant is required to pay the expense of publication of the notice.

## **APPROVAL**

Licensing subject to Police Chief's approval. License must be approved by License & Franchise and City Council.

## **PENALTY**

\$50.00 nor more than \$500.00 per offense. A separate offense shall be deemed committed for each day during which violation occurs or continues.

THE MAXIMUM HOURS A DRIVER CAN DRIVE IS TWELVE HOURS IN ONE TWENTY-FOUR HOUR PERIOD.



## **TAXICAB APPLICATION CHECKLIST**

- \_\_\_\_\_ **Completed operator's license application (including FEIN # and legal name of the company)**
- \_\_\_\_\_ **Three (3) credit references and two (2) personal references**
- \_\_\_\_\_ **Proposed schedule of rates**
- \_\_\_\_\_ **For each vehicle: make, model, year; seating capacity; VIN #; current license plate; title #**
- \_\_\_\_\_ **For each vehicle: proof of required insurance: property damage (\$50,000) and public liability (\$300,000).**
- \_\_\_\_\_ **For each vehicle: a valid vehicle inspection report**
- \_\_\_\_\_ **Dates of any legal actions involving applicant's use of public vehicle**
- \_\_\_\_\_ **Proof of financial responsibility (may be insurance coverage)**
- \_\_\_\_\_ **Completed driver's registration application for each driver (including a copy of the driver's license and signed release form for background check)**
- \_\_\_\_\_ **Send each driver's application to the Police Department for background check.**
- \_\_\_\_\_ **Drivers photographed**

## **FEES**

**\$25 for each public vehicle**

**\$10 for each and every driver covered by the registration of the applicant.**