



OFFICE OF
THE CITY
TREASURER

(618) 463-3500 | Fax (618) 463-3520
101 East 3rd St. | Room 102 | Alton,
Illinois 62002

CITYOFALTONIL.GOV

APPLICATION for a Taxicab / Limousine License

1. **BUSINESS NAME:** _____
 2. **LOCATION OF BUSINESS:** _____
 3. **NAME OF BUSINESS OWNER:** _____
 4. **PHONE:** _____
 5. **IS BUSINESS A:** **Corporation** _____ **Partnership** _____ **Sole Ownership** _____
 - A. If a corporation, attach a copy of incorporation papers.
 - B. If a partnership, list names and addresses of partners. _____

 - C. If sole ownership, is the applicant and owner one and the same? (If not, please explain.) _____

 6. **WILL THERE BE AN OFFICE LOCATED IN ALTON?** _____
THE ALTON ADDRESS IS: _____
 7. **ATTACH A LIST OF ALL VEHICLES TO BE USED AS TAXICABS/LIMOS.** This list shall include: a full description of each vehicle and the registration plate, as required by Section 3-412(e). Ill. Rev. Statutes.
 8. **ATTACH A COPY OF THE STATEMENT OF FINANCIAL RESPONSIBILITY** currently on file with the secretary of state as required by chapter 951/2 Section 8-101 et. seq. IL Revenue Statutes.
 9. **ATTACH RECEIPT COPY** noting date on which fee of \$50.00 per vehicle has been paid to: City of Alton Treasurer.
- APPLICANT'S AFFIDAVIT**

The applicant hereby states that he/she has read and thoroughly understands the rules and regulations governing the operation of taxicabs in the City of Alton, Illinois, set forth in Ordinance #4711 and listed hereon below, and by accepting the license provided therefore agrees to comply fully with said Ordinance #4711.

Signature: _____
Owner *Date*

For office use only:

Signature

Date

CHAPTER 12
VEHICLES TO BE USED AS TAXICABS/LIMOS IN THE CITY OF ALTON

LICENSE PLATE NO.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.