



CITY OF ZION

TAXICAB BUSINESS LICENSE APPLICATION

2828 Sheridan Road, Zion, IL 60099

847-746-4012 - FAX 847-746-7167

www.cityofzion.com

APPLICANT INFORMATION:

Business/Organization Name:			
Business Mailing Address:			City:
State:	Zip Code:	Business Phone No:	Fax No.:
Manager or Responsible Party:			
E-Mail Address:			Tax ID No.:

The undersigned hereby petitions the City of Zion for a license to operate _____ Taxicabs/Livery vehicles in the City of Zion, Illinois. There will be a minimum of **2** vehicles to qualify as a "Business". **Each vehicle will be described in detail along with this application. Each vehicle shall be operated by a driver who holds a current City of Zion Taxi Driver Permit.**

The undersigned hereby agrees to abide by the ordinances of the City of Zion and make his equipment available for inspection by the properly designated officials at any reasonable hour.

NO TAXICAB VEHICLE SHALL BE OPERATED UNLESS IT IS COVERED BY A BOND OR PUBLIC LIABILITY POLICY; A COPY OF WHICH SHALL BE ATTACHED HERETO. Also attached shall be a current rate schedule, an IDOT inspection certificate, and vehicle registrations.

The license fee is **\$110.00** for the first 2 vehicles, and **\$30.00** for each additional vehicle, and a **\$30.00** inspection fee for each vehicle for the license year beginning January 1st and ending December 31st. **All** license fees are non-refundable. Checks should be payable to "**City of Zion**" and mailed to City of Zion, City Clerk, 2828 Sheridan Road, Zion, IL 60099

Late Charges:

Any person not purchasing a required business license or permit by the required due date, shall pay a late charge as follows:

- Within first 30 days of the due date, a late charge of 10% of the business license fee will be added to the amount due.
- Over 30 days of the due date, a late charge of 10% of the business license fee plus and additional \$5.00 per day for every day over 30 days will be added to the amount due.

Owner or Manager's Signature

Date

(For Office Use Only)

Date:	_____
Receipt No.:	_____
Original license amount:	_____
Penalty:	_____
TOTAL PAID:	_____

License No.:

TAXICAB COMPANY _____ **DATE** _____

DESCRIPTION OF VEHICLES

(There will be a \$30.00 inspection fee for each vehicle)

	MAKE	MODEL	YEAR	COLOR	TAXICAB LICENSE PLATE NUMBER	VIN NUMBER
1						
2						
3						
4						
5						
6						
7						
8						

NOTE

All Taxi Driver Permits shall be posted in a visible location in each vehicle. In addition, there must also be posted in a visible location, inside each vehicle, the company's name and telephone number for a passenger to call if the taxicab driver is operating the vehicle in a reckless manner.