

CITY OF SOUTH BELOIT

519 BLACKHAWK BOULEVARD
SOUTH BELOIT, IL 61080

TAXI CAB LICENSE APPLICATION-TERM OF LICENSE-JANUARY 1, 2014 TO DECEMBER 31, 2014

DATE OF APPLICATION _____

NAME OF APPLICANT: _____
RESIDENCE ADDRESS: _____
TRADE NAME OF BUSINESS: _____
TITLE OF APPLICANT: _____
BUSINESS ADDRESS: _____

<u>MAKE OF VEHICLE</u>	<u>BODY STYLE</u>	<u>YEAR/MODEL</u>	<u>SERIAL OR I.D. NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This application to be accompanied by a deposit of \$30.00 for each such license applied for, as an annual fee for such license, which deposit shall be returned to the applicant if license is refused. Such license fee shall be paid for the issuance of a license for any period of six months or more, and all licenses issued shall expire on the 31st day of December of each and every year. Such license fees shall be in addition to all other State and City vehicle fees or taxes and may be annually renewed subsequent to the 31st day of December. All licensees subject to the terms and provisions of City Ordinance No. 324.

***** TOTAL ALL LICENSE FEES DUE \$_____*****

SIGNATURE OF APPLICANT:

APPROVED BY CITY COUNCIL: _____ DAY OF _____ 20____

LICENSE # _____

MAYOR

CITY CLERK - ATTEST