



PLAINFIELD POLICE DEPARTMENT
14300 S. Coil Plus Dr., Plainfield, IL 60544-8437
(815) 436-6544 FAX (815) 436-1486

APPLICATION FOR TAXICAB COMPANY CERTIFICATE

FOR OFFICE USE ONLY

Date Paid: _____ Fee \$ _____

Receipt # _____

License # _____

Application Date: _____

New Renewal

The undersigned hereby makes application for a taxicab business certificate pursuant to the provisions of the Village Code of the Village of Plainfield regulating vehicles for hire upon the streets of the Village of Plainfield, County of Will, Illinois and all amendments thereto now in force and effect.

I. GENERAL INFORMATION

Applicant's Name (Registered Corporate/Company Name): _____

Business Address: _____

Mailing Address (if different than Business Address): _____

Business Phone #: _____ Fax #: _____

II. CORPORATE INFORMATION

Check the appropriate category:

- This business is a sole proprietorship (attach Assumed Business Name Certificate).
- This business is a general partnership/limited partnership (attach Partnership Agreement).
- This business is a Corporation (attach Articles of Incorporation).

1. If **Corporation**, please answer the following questions:

Date of Incorporation: _____

State of Incorporation: _____

If foreign corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois: _____

Corporate File Number (assigned by Secretary of State): _____

2. If **Sole Proprietorship**, please answer the following questions:

Date of Formation: _____

Name(s) and residence address(es) of the person(s) owning company: _____

Assumed Business Name Certificate No.: _____



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OWNER, PARTNER, INFORMATION: Copy and attach additional pages if necessary...

3. If **Partnership**, complete the following with respect to each owner/partner:

Name: (Last – First – Middle)		Date of Birth:
Naturalization (if Applicable):	Date:	Place:
Driver's License Number:	Place of Birth: (Foreign Country or State)	
% Ownership:	Work Phone (Include Area Code):	Home Phone (Include Area Code):
Home Address: (Street-City-State)		Zip:
Name: (Last – First – Middle)		Date of Birth:
Naturalization (if Applicable):	Date:	Place:
Driver's License Number:	Place of Birth: (Foreign Country or State)	
% Ownership:	Work Phone (Include Area Code):	Home Phone (Include Area Code):
Home Address: (Street-City-State)		Zip:
Name: (Last – First – Middle)		Date of Birth:
Naturalization (if Applicable):	Date:	Place:
Driver's License Number:	Place of Birth: (Foreign Country or State)	
% Ownership:	Work Phone (Include Area Code):	Home Phone (Include Area Code):
Home Address: (Street-City-State)		Zip:

III. FINANCIAL STATUS

Provide the following information regarding any and all judgments entered against the Applicant.

Date of Judgment: _____

Judgment Amount: _____

Jurisdiction/Case #: _____

Status of Judgment (paid/not paid; if paid, attach Order of Release of Judgment):



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IV. EXPERIENCE

Identify Applicant's work history/experience related to the transportation of passengers. Please include the name, address and phone number of employer(s) and date(s) of employment.

V. VEHICLE INFORMATION

For each vehicle to be operated by the Certificate Holder, identify the following:

Make and Model of Vehicle: _____
Color Scheme/Insignia used to identify Vehicle: _____
Location of depot/terminal/storage or parking facility for Vehicle: _____
VIN (Vehicle Identification Number) for Vehicle: _____
Plate Number for Vehicle: _____

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VI. INSURANCE INFORMATION

Please attach to this application a copy of Applicant's liability insurance certificate identifying the name, address and phone number of your insurance carrier, policy number and evidence of compliance with Section 4-329 of the Villages Code of Ordinances regarding minimum insurance requirements for each taxicab operated or controlled by Applicant.

SIGNATURE: _____

DATE: _____

Subscribed and sworn before me this _____ day
of _____, 20 _____

Notary Seal

Notary Public