



CITY OF DECATUR
 FINANCE DEPARTMENT
 #1 GARY K ANDERSON PLAZA
 DECATUR IL 62523
 LICENSING – (217) 424-2709

FEE: \$400
 License Expires
 September 30

AMBULANCE LICENSE APPLICATION

Circle one: Corporation LLC Partnership Individual Owner

PLEASE PRINT

Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name _____ Phone # _____

Address _____
Street City State Zip Code

This license application must be accompanied by:

1. Description of Vehicles
2. Certificate of Insurance on all vehicles
3. Name, Date of birth, and qualifications of all attendants
4. Locations/Description of place(s) from which service operates
5. Letter of affirmation from local or other EMS Resource Hospital per CH. 53; 4(f)
6. List of all names under which you do or propose to do business

_____/_____
 Signature of Applicant Title

TO BE COMPLETED BY FINANCE DEPT. _____ City Manager or Designee Date	New _____ Renewal _____
	Amount Paid \$ _____
	Date Paid _____
	Insurance Expired _____
	License Number _____
	License Issued _____

