



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

During the term of your license you have a continuing duty to report any changes in your business and organization. This form must be used.

**VEHICLE FOR HIRE BUSINESS LICENSE  
 REPORTING FORM FOR CHANGES**

DATE: \_\_\_\_\_

**PLEASE PRINT**

Business Name \_\_\_\_\_

Doing Business As \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address \_\_\_\_\_  
Street City State Zip Code

**Changes in the Business:**

Name of new business organization: \_\_\_\_\_

Type of new business organization: \_\_\_\_\_

New doing business as name: \_\_\_\_\_

New business address \_\_\_\_\_  
Street City State Zip Code

New phone # \_\_\_\_\_

New Registered Agent: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

New Insurance Carrier's name and address (new certificate of liability must be included):

**Changes in Rate Schedule:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>FOR CITY OF DECATUR OFFICE USE ONLY</b>		Amount Paid \$ _____
APPROVED:		Date Paid/Submitted _____
_____		Insurance Expired _____
City Manager or Designee	Date	License Number _____
		License Issued _____

**PAGE 2**  
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**Adding new vehicles to licenses:**

**Fee:** For the first 3 vehicles per license year - \$100 per vehicle  
For each additional vehicle - \$50 per vehicle

Company	Year	Make	Model	Color	VIN #	State Registration # (License Plate #)
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**For each vehicle added, you must also provide:**

1. A current certificate of liability insurance identifying the vehicle and naming the City of Decatur as additional insured.
2. A current (within the past 6 months) vehicle safety inspection certificate completed by an ASE Certified Mechanic.

**Any other Changes made:**

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Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant / Title

**To remove a vehicle from service, a separate affidavit must be completed. You may obtain this form from the City of Decatur Finance Office.**