



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

FEE: \$1,000

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. List of all names under which you do or propose to do business.
2. The location and description of the place or places from which the ambulance service operates or is intended to be operated.
3. A description of each ambulance which the applicant operates or intends to operate within the license year, including the make, model, year of manufacture, serial number, and the classification thereof under the Act.
4. Proof of liability insurance to sufficiently protect the public during the utilization of this service.
5. Letter of affirmation from local or other EMS Resource Hospital per CH. 53; 4(f).

_____/_____
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 _____



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AMBULANCE LICENSE

DESCRIPTION OF VEHICLES

[illegible]