



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

LICENSE FEE: \$100 per vehicle
 Late Fee: \$25 + \$10/per day after 60 days prior to 4/30
 Background Ck: \$40/per owner(s) & vehicle
 License Expires April 30th
 Updated: 4/3/24

VEHICLE FOR HIRE BUSINESS LICENSE APPLICATION

Business Organization: (Please Circle one) Corporation LLC Partnership Individual Owner
PLEASE PRINT

Business Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name _____

Home Address _____
Street City State Zip Code

Name and Address of every Owner, Partner, or Stockholder owning 5% or more of the Business and Officer/Directors/Registered Agent of Corporation: *(use additional sheets of paper if necessary)*

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Local Manager _____ Phone # _____
First MI Last

Address _____
Street City State Zip Code

Number of Vehicles Licensed _____ (Please list on separate sheet)

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FOR CITY OF DECATUR OFFICE USE ONLY		New _____	Renewal _____
APPROVED:		Amount Paid \$ _____	
_____		Date Paid _____	
City Manager or Designee	Date	License Number _____	
		License Issued _____	

Current Rate Schedule (per person; per trip; etc.-**Be Specific**) _____

THE UNDERSIGNED APPLICANT AGREES TO IMMEDIATELY NOTIFY THE CITY OF DECATUR LICENSING DIVISION OF ANY MATERIAL CHANGE IN THE LICENSEE, INCLUDING BUT NOT LIMITED TO THE LOCATION, CONTACT INFORMATION, ORGANIZATION OR OWNERSHIP OF THE BUSINESS, INCLUDING BUT NOT LIMITED TO PARTNERS, STOCKHOLDERS, OWNERS OR LOCAL MANAGER. THE UNDERSIGNED FURTHER AGREES TO OBSERVE ALL REQUIREMENTS OF CHAPTER 60 OF THE CITY CODE AND ALL OTHER ORDINANCES AND LAWS OF THE CITY OF DECATUR AND THE STATE OF ILLINOIS. THE UNDERSIGNED ACKNOWLEDGES THAT ANY FALSE REPRESENTATION MADE ON THIS APPLICATION OR THE REQUIRED ATTACHMENTS SHALL BE SUFFICIENT REASON AND CAUSE FOR THE REVOCATION OF SAID LICENSE.

Signature of Applicant: _____ Date: _____