



**CITY OF JACKSONVILLE**

Skip Bradshaw, City Clerk

200 W. Douglas

Jacksonville, IL 62650

217-479-4613

**Taxi Owner's License Application**

Name of Applicant: \_\_\_\_\_

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

Address of Business: \_\_\_\_\_

Street, P.O. Box, City, State, Zip

Telephone Number of Business: \_\_\_\_\_

Number of Taxi Cabs to be placed in service: \_\_\_\_\_

List all vehicles to be in services:

Make	Model	Year	Vehicle Number	License Plate No.	Mileage	Seating Capacity

Attach to application, a *Certificate of Insurance* that shows you have public liability insurance in the amount of not less than Three Hundred Thousand Dollars/One Million Dollars (\$300,000/\$1,000,000) at the time of application, covering all vehicles listed above.



**TAXI CAB INSPECTION REPORT**  
**For City Licensing Requirements**  
 (to be completed by January 1 each year and prior to in-service date of a vehicle)

Name of Owner \_\_\_\_\_ DBA \_\_\_\_\_

Address of Owner \_\_\_\_\_

**DESCRIPTION OF THE VEHICLE INSPECTED**

YEAR	TRADE NAME	BODY TYPE	LOAD CAPACITY	SERIAL NUMBER	CYLINDER NUMBER	IN SERVICE DATE

**Indicate the working condition and function of the following.** If any items are poor, comments are required.

- |   | <u>Good</u> | <u>Poor</u> | <u>COMMENTS</u> |
|---|-------------|-------------|-----------------|
| 1. Speedometer  | ___         | ___         | Mileage _____   |
| 2. Exhaust System   | ___         | ___         | _____           |
| 3. Heating/Cooling System   | ___         | ___         | _____           |
| 4. Interior (upholstery, doors, lights, cleanliness)                                  | ___         | ___         | _____           |
| 5. Horn   | ___         | ___         | _____           |
| 6. Windshield Wipers  | ___         | ___         | _____           |
| 7. Head Lights / Tail Lights  | ___         | ___         | _____           |
| 8. Stop / turn signals  | ___         | ___         | _____           |
| 9. Steering   | ___         | ___         | _____           |
| 10. Brakes  | ___         | ___         | _____           |
| 11. Tires   | ___         | ___         | _____           |
| 12. Window condition. If cracked or broken or inoperable, explain.                    |             |             | _____           |
| 13. General mechanical condition – explain.   |             |             | _____           |
| 14. Body condition – explain.   |             |             | _____           |
| 15. Is auto properly greased? – explain.  |             |             | _____           |
| 16. What changes / repairs are necessary for vehicle to be in safe driving condition? |             |             | _____           |

I hereby certify the answers and statements to the above are correct and are made after personal inspection of the above-listed vehicle.

Name of Garage: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Mechanic: \_\_\_\_\_

Print name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**Return completed form to: Jacksonville City Clerk, 200 W. Douglas, Jacksonville, IL 62650 \* Phone: 217-479-4613**