



APPLICATION FOR HORSE DRAWN VEHICLE OPERATOR'S LICENSE

Name of Applicant: _____

Residence Address: _____

Business Address: _____

Number of Carriages to be used: _____

List the seating capacity, manufacturer, and attach a photograph of each carriage (Sec. 17-82)

Carriage seating capacity #1 _____	Manufacturer _____
Carriage seating capacity #2 _____	Manufacturer _____
Carriage seating capacity #3 _____	Manufacturer _____
Carriage seating capacity #4 _____	Manufacturer _____

List breeds of all horses that will be used to pull the vehicles.

#1 _____ #2 _____

#3 _____ #4 _____

#5 _____ #6 _____

Attach the following information to the application.

- * Proof of health exam for each horse, by a veterinarian of equine medicine who is licensed by the State of Illinois.
- * Proof of age of each horse. (Minimum age being 4 years)
- * Map of proposed route on which vehicles shall operate.
- * List the locations of proposed sites to be used for off street storage, stabling and loading of carriages and horse.

Note:

This application must be accompanied by proof of insurance. The policy must include a description of each horse drawn vehicle, the manufacturer's name and model number and the registration number. The public liability insurance policy may cover one or more horse drawn vehicles, but each horse drawn vehicle shall be insured for at least \$50,000 for property damage and \$100,000 for injuries to or death of any one person, and each horse drawn vehicle having seating capacity for no more than seven adult passengers shall be insured for the sum of at least \$300,000 for injuries to or death of more than one person in any one accident.

Signature of Applicant(s): _____ Date: _____

_____ Date: _____

Subscribed and sworn before me this _____ day of _____ 20_____

Notary Public

(Seal)

Mayor's Office or Mayor's Designee:

Approved _____ Denied _____

Date: _____ Signature _____

City Clerk's Office:

License fee paid \$ _____

License approved (date) _____

Applicant notified that license was disapproved on (date) _____

Skip Bradshaw, City Clerk
City of Jacksonville, 200 West Douglas, Jacksonville, IL 62650
Phone: 217-479-4613 Fax: 217-479-0452