CITY OF SALEM, ILLINOIS
APPLICATION FOR TAXI LICENSE
Application Period July 1, 20___ through June 30, 20___

Annual Fee: $10.00 per taxicab operated.

____ First Time Applicant
___ Renewal

Name of Applicant _____
First Middle Last

Residence Address: _____
House # Street City State

Name of Business: _____

Business Address _____
House # Street City State

Business Phone # _____ Alternate Phone # _____

Description of Service Vehicle:

_____
Year Make/Model VIN# License Plate #

_____
Year Make/Model VIN# License Plate #

_____
Year Make/Model VIN# License Plate #

_____
Year Make/Model VIN # License Plate #

_____
Year Make/Model VIN # License Plate #

I certify that I will not violate any of the ordinances of the City of Salem or the laws of the State of Illinois or the laws of the United States of America, and that the statements contained in this application are true and correct to the best of my knowledge and belief.

_____ _____
Signature of Applicant Witness

Dated _____

Please return this fully completed application along with a copy of the Certificate of Insurance providing insurance coverage for each vehicle listed above as required by Sec. 21-32 of the Salem City Code to the Office of the City Clerk, 101 South Broadway, Salem, IL 62881.