



Village of Round Lake

442 North Cedar Lake Road Round Lake, IL 60073

847-546-5400 fax 847-546-5405

www.eroundlake.com

TAXI CAB PROCEDURE/INSTRUCTIONS NEW & RENEWAL LICENSES

1. Applications must be submitted to the Village Clerk or Deputy Clerk at Village Hall. A complete application consists of:
 - Completed and signed application
 - Copy of driver's license for each driver
 - Payment of fingerprint fee
 - a. A check must be submitted in the amount of \$20.00 (twenty) dollars made payable to the Village of Round Lake for fingerprints. Results on fingerprints are sent to the Village Clerk and the timeframe on the results is 2-6 weeks.
 - Payment of license fees
 - Copy of current safety inspection for each vehicle
 - Copy of Police Department Taxi Safety Inspection
 - A list of all names of drivers
 - Certificate of insurance for all cabs for the sum of \$50,000 dollars for property damage, \$100,000 for injuries to or death of any one person, and \$300,000 for injuries in any one accident.
2. A copy will be given back to the applicant to take to CENCOM for fingerprinting.
3. FEES: \$60 (sixty) dollars for taxi cab license (new/renew); \$10 (ten) dollars for each driver registration.
4. The license will be issued once a report is received from the Police Department regarding their review of the background check and the Village Clerk finds that all items are in conformance with Village Code.

DRIVING DIRECTIONS TO CENCOM:

Distance: **1.03 mi** Time: **4 mins**

1. Start at **442 N CEDAR LAKE RD, ROUND LAKE** going toward **HART RD**
2. Turn Left on **HART RD** - go **0.2** mi
3. Turn Right on **SUNSET DR** - go **0.5** mi
4. Turn Left on **LONG LAKE DR** - go **0.3** mi
5. Turn Right on **LOTUS DR**
6. Arrive at **911 LOTUS DR, ROUND LAKE BEACH**, on the Right

VILLAGE OF ROUND LAKE
TAXI CAB LICENSE APPLICATION

Please Print

Date _____

Initial Application _____

Renewal Application _____

1. Company Name _____
Address _____
City _____ State _____ Zip Code _____
Business Phone Number (____) _____

2. Name of Applicant _____
Home Address _____
Home Phone # _____
Driver License # _____
Social Security # _____

3. If Partnership, list name of:

Partner _____
Home Address _____
Home Phone # _____

Secretary _____
Home Address _____
Home Phone # _____

Partner _____
Home Address _____
Home Phone # _____

4. Please state if any criminal, quasi-criminal or civil court actions are pending or brought against you (applicant) within the last five years arising out of or related to applicant's use or ownership of a motor vehicle. _____

5. Please list **three** credit references:

1. NAME: _____
ADDRESS: _____
PHONE: _____

2. NAME: _____
ADDRESS: _____
PHONE: _____

3. NAME: _____
ADDRESS: _____
PHONE: _____

2. NAME: _____
ADDRESS: _____
PHONE: _____

Please list **two** personal references:

1. NAME: _____
ADDRESS: _____
PHONE: _____

6. Dates and places that the applicant has previously applied for a taxicab license: _____

7. Have you ever been denied an operator's license__ Yes _____ No
If you answered yes, in what municipality and why?

8. Have you ever been arrested? _____ Yes _____ No
Reason _____

VEHICLE INFORMATION

How many vehicles will be used in this business? _____

Vehicle 1

Make _____ Model _____ Year _____ Color _____

Serial number or motor number _____

State of Illinois license plate number _____

Permanently assigned taxicab identification number _____

Is vehicle equipped with a sealed meter in good condition? _____

Vehicle 2

Make _____ Model _____ Year _____ Color _____

Serial number or motor number _____

State of Illinois license plate number _____

Permanently assigned taxicab identification number _____

Is vehicle equipped with a sealed meter in good condition? _____

Vehicle 3

Make _____ Model _____ Year _____ Color _____

Serial number or motor number _____

State of Illinois license plate number _____

Permanently assigned taxicab identification number _____

Is vehicle equipped with a sealed meter in good condition? _____

FARE RATE: _____

INSURANCE REQUIREMENTS

Submit a copy of a certificate of insurance with the taxicab license application covering each taxicab for the sum of fifty thousand dollars (\$50,000) for property damage, one hundred thousand dollars (\$100,000) for injuries to or death of any one person and three hundred thousand dollars (\$300,000) for injuries in any one accident.

REQUIREMENTS PER THE TAXI SAFTEY ACT OF 2007 OF ILLINOIS (625 ILCS 55/)

(625 ILCS 55/5) Sec. 5. Requirements for the operation of taxicabs.

(a) The taxi driver's picture, the taxi driver's license or registration number, and the taxicab medallion number or an exterior identification number must be posted in a visible location in each cab.

(b) There must be posted in a visible location in each taxicab a telephone number for a passenger to call if the taxi driver is operating the taxicab in a reckless manner.

(c) If a taxi driver collides with a pedestrian while operating a taxicab, resulting in bodily injury, then any responding law enforcement officers must test the taxi driver for drug and alcohol use.

(Source: P.A. 95-598, eff. 6-1-08.)

I hereby make application for a Village of Round Lake taxi cab operator's license and affirm that the information I have provided is true and accurate. I give permission to the Round Lake Police Department to verify any and all information I have provided by conducting a background investigation. I realize that if I have provided inaccurate information, I may be denied a license. I further agree to inform the Village of Round Lake, in writing, within 10 days, if any of the information I have provided above changes. I understand that this license may be revoked at any time, for due causes, at the discretion of the Village Administrator or his/her designee. I further certify that I understand all of the provisions of the Village of Round Lake Ordinance Chapter 5.52 pertaining to Taxicabs and agree to abide by said ordinance.

Applicant's signature

FOR OFFICE USE ONLY

APPLICATION APPROVED YES _____ NO _____

BY: _____

Date: _____

Reason Denied _____

TAXI CAB STICKER # _____

Necessary attachments to application:

1. A copy of current safety inspection for each vehicle
2. A copy of Police Department Taxi safety inspection
3. A current copy of your certificate of insurance covering each taxicab for the sum of fifty thousand dollars (\$50,000.00) for property damage, one hundred thousand dollars (\$100,000.00) for injuries to or death of any one person, and three hundred thousand dollars (\$300,000.00) for injuries in any one accident.
4. A copy of the driver's license for each driver
5. A village taxicab operator's registration application for each driver
6. A list of all names of drivers