



# 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 DRIVER/OPERATOR'S REGISTRATION

Please Print

Date of registration: \_\_\_\_\_

1. Name of Driver (Last/First/Middle)

\_\_\_\_\_  
Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Pager or Cell Phone ( ) \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Build: Thin \_\_\_ Med \_\_\_ Heavy \_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_ Contacts: Yes \_\_\_ No \_\_\_\_\_

2. Are you presently under the care of a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_

3. Are you presently taking any medication that could impair your ability to drive?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In the last five years have you been under the care of a mental health professional?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain why  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been denied an operator's license Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered yes, in what municipality and why?

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6. Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason \_\_\_\_\_

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**Please acknowledge by initializing each item below.**

No registered operator shall be on duty as a driver or operator for more than sixteen (16) hours of any twenty-four (24) consecutive hours and no licensee shall permit any registered operator to be on duty for more than sixteen (16) hours out of every twenty-four (24) consecutive hours. \_\_\_\_\_

No registered operator, while on duty, shall drink any intoxicating liquor or use any profane or obscene language, or shout or call to prospective passengers or to disturb the peace in any way. \_\_\_\_\_

Every registered operator shall obey all traffic rules and regulations established by Illinois law or village ordinances while driving or operating a taxicab within the village. \_\_\_\_\_  
\_\_\_\_\_

I hereby make application for a Village of Round Lake taxi operator's registered driver 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.

**Driver signature**

\_\_\_\_\_

FOR OFFICE USE ONLY

APPLICATION APPROVED YES \_\_\_\_\_ NO \_\_\_\_\_

BY: \_\_\_\_\_

Date: \_\_\_\_\_

Reason Denied \_\_\_\_\_

\_\_\_\_\_

**Please submit a copy of the driver's license for each driver**