



Village of Round Lake

442 N. 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 with the following:
 - Copy of current safety inspection for each vehicle (annual inspections)
 - Copy of Police Department Taxi Safety Inspection (initial inspection)
 - 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.
 - **BACKGROUND INVESTIGATION.** The applicant must submit to a background investigation by the chief of police or his or her designee, which includes fingerprinting of all individuals. No license shall be issued in the event the criminal history of any individual reveals that he/she has been convicted of a felony. Payment must be submitted in the amount of \$45.00 (forty-five) dollars for the background check for each applicant/employee. **The timeframe on the results is 4-6 weeks.**

Once payment is made for the background investigation at Village Hall, the applicant will need to go to the Round Lake Police Department with form in hand.

ROUND LAKE POLICE DEPARTMENT, 741 W. Townline Road, Round Lake, IL

After the visit at the Police Department, fingerprinting must be done at the Central Communications (CENCOM) 911 Building, 911 Lotus Drive, Round Lake Beach, IL

2. TAXI LICENSE FEES:

New License & Annual Renewal Fee is \$60 (sixty) dollars

New & Annual Renewal Fee for Driver Registration is \$10 (ten) dollars for each

3. 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.



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Background Screening Disclosure

And Written Authorization

Taxi Cab License Applicants

(Please read this form carefully)

DISCLOSURE

I have been notified that the Village of Round Lake and the Round Lake Police Department may request that a background screening be conducted to verify any information I have provided in connection with my taxi cab license application.

The Village of Round Lake or the Round Lake Police Department may request a consumer report and/or an investigative consumer report in connection with my taxi cab license application or at any time that my taxi cab license is valid in accordance with all applicable laws. These reports may include information about my background, including but not limited to character, mode of living, criminal history records, sex offender registry records, Social Security records, educational records, employment records, credit reports, driving records, and license/certification records, or any other such record, written or otherwise, that is deemed appropriate.

Upon written request to the Village of Round Lake and proper identification, I have the right to be informed when a consumer report or investigative consumer report is conducted, and the right to make a request to Innovative Credit Solutions, the consumer reporting agency vendor, within a reasonable period of time, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that Innovative Credit Solutions has previously furnished. Communications with Innovative Credit Solutions should be directed to PO Box 1386, Columbia, South Carolina 29202 800-345-2746.

AUTHORIZATION

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon the Village of Round Lake or the Round Lake Police Department's request in conjunction with my application for a taxi cab license.

I have read this Disclosure and Written Authorization; I understand the provisions stated herein, and I agree to the terms.

Print Name (First, MI, Last)

Social Security Number

Signature

Driver's License Number, State, &
Expiration Date

Date

Date of Birth

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TAXI CAB LICENSE APPLICATION

Please Print

Date _____

Initial Application _____

Renewal Application _____

1. Applicant (Company Name) _____

Address _____

City _____ State _____ Zip Code _____

Business Phone Number () _____

Email _____

2. If Partnership, list name of:

Partner _____

Secretary _____

Home Address _____

Home Address _____

Home Phone # _____

Home Phone # _____

Partner _____

Home Address _____

Home Phone # _____

3. 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. _____

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

1. NAME: _____
ADDRESS: _____
PHONE: _____

2. NAME: _____
ADDRESS: _____
PHONE: _____

3. NAME: _____
ADDRESS: _____
PHONE: _____

Please list **two** personal references:

1. NAME: _____
ADDRESS: _____
PHONE: _____

2. NAME: _____
ADDRESS: _____
PHONE: _____

5. Please list out your current taxi licenses: _____

—

6. Have you ever been denied an operator's license Yes _____ No _____

If you answered yes, in what municipality and why?

VEHICLE INFORMATION

How many vehicles to be operating within the Village? _____

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.

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

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TAXI CAB DRIVER/OPERATOR'S REGISTRATION

Please Print

Date of registration: _____

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

Home address _____

City _____ State _____ Zip Code _____

Email: _____

Home Phone Number () _____ Cell Phone () _____

2. Have you ever been denied an operator's license Yes _____ No _____

If you answered yes, in what municipality and why?

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 _____
