

# CITY OF GALENA, ILLINOIS



## Taxicab Business License Application

New Application     Renewal Application

### Applicant Information:

Doing Business As: \_\_\_\_\_ EIN#: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
City State Zip

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address:  Same as applicant address \_\_\_\_\_  
Street Address City State Zip

### Vehicle Information:

Number of Taxicabs Owned by Applicant: \_\_\_\_\_

Please complete the following for each taxicab operating under the business:

Vehicle Make	Vehicle Year	Vehicle Color	Vehicle ID Number	License Number

### Fees:

Please calculate the fees for the taxicab business license and your vehicles and include payment:

Item	Fee Amount	Number	Total Fee
Business License	\$100	1	\$100
Vehicle License	\$25		\$
<b>TOTAL FEE</b>			<b>\$</b>

