

City of Warrenville

3S258 MANNING AVENUE
WARRENVILLE, IL 60555
(630) 393-9427 (630) 393-5053 FAX

TAXICAB/LIMOUSINE SERVICE LICENSE APPLICATION

Business Name: _____

Business Address: _____

Applicant's Name: _____

Applicant's Address: _____

Driver's License Number: _____ Expiration Date: _____

Additional Drivers

Name _____

Driver's License Number _____ Expiration Date _____

Name _____

Driver's License Number _____ Expiration Date _____

Vehicles

Year _____ Model _____ License Plate Number _____ Seating Capacity _____

Inspected On _____ By _____

Year _____ Model _____ License Plate Number _____ Seating Capacity _____

Inspected On _____ By _____

Year _____ Model _____ License Plate Number _____ Seating Capacity _____

Inspected On _____ By _____

Insurance Expiration Date _____

Signature of Applicant