

Dear Taxi/ Downtown Shuttle Company Applicant,

Attached please find a packet of information to assist you with completing the taxi/downtown shuttle company application. Please read the documents carefully.

Upon submitting a fully completed application, the \$100 application fee, \$10 background investigation fee per officer/partner/owner, and all pertinent documentation, City Staff will begin the internal approval process.

You will be notified in writing the next steps for licensing. If you wish to be contacted by email, please provide a valid email address.

Please feel free to contact the City Clerk's Office Monday through Friday from 8 AM – 5 PM, should you require any additional information or assistance.

Sincerely,

Steve Rasmussen
Assistant City Manager

Taxi/Downtown Shuttle Company Owner Frequently Asked Questions

1. **As a company owner do I have to have a permit to drive?** Yes, if you plan to drive one of your vehicles. Please see driver application.
2. **When does my company permit expire?** The permits expire on June 30th and December 31st.
3. **Do I have to have my vehicles inspected?** Yes, vehicles must be inspected by Officer Hall prior to the expiration of your current permit.
4. **How do I contact Officer Hall?** He can be reached at 309-434-2356, Monday through Friday 8:00 a.m. to 3:00 p.m.
5. **What happens after my vehicles are inspected?** Allow 1-2 days for Officer Hall to send the City Clerk's office the inspection sheets. Bring valid insurance showing each vehicle's VIN.
6. **Can I begin to operate by company after inspections?** Companies cannot operate unless they have turned in the required insurance, paid the license fee and been issued a license by the City Clerk's office.
7. **What are the hours and phone number of the City Clerk's office?** The City Clerk's office hours are Monday through Friday 8:00 a.m. to 5:00 p.m. and the office can be reached at 309-434-2240.
8. **Do I have to reapply each year?** Yes, you have to apply yearly. The City Clerk's office will begin accepting renewal applications November 1.
9. **What records must be turned in at the time of application submission?** If your business is incorporated the business must be registered with the Secretary of State - <https://www.ilsos.gov/corparticles/>, register your Doing Business As (DBA) with McLean County <http://www.mcleancountyil.gov/index.aspx?nid=548>, financial statement, statement detailing experience with transporting passengers and any facts that tend to prove that a public convenience & necessity would benefit by granting of a certificate, \$100 application fee and \$10 background investigation fee per officer/partner/owner.
10. **Is the City Clerk's office closed on New Year's Eve?** The City of Bloomington closes at 12:00 p.m. (Noon) on that day to observe the New Year holiday.
11. **How do I find the regulations that govern driver's permits?** Chapter 40, Taxicabs, is located at www.cityblm.org under Government, under the Codes & Ordinances click the City Code tab, locate chapter.

A. If applying as an individual – Full name: _____

Residence address: _____

Business address: _____

Business email: _____ Business telephone: _____

Date of Birth: _____

B. If applying as a corporation, firm, or limited liability company – Name: _____

Business address: _____

Business email: _____ Business telephone: _____

Date and State of Incorporation: _____

President Name: _____ Email: _____

Phone: _____ Date of Birth: _____

Secretary Name: _____ Email: _____

Phone: _____ Date of Birth: _____

Treasurer Name: _____ Email: _____

Phone: _____ Date of Birth: _____

Agent Name: _____ Email: _____ Phone: _____

C. If applying as a partnership– Name: _____

Business/principal office address: _____

Business email: _____ Business telephone: _____

Please list below each partner.

Full name: _____ Residence address: _____

Email address: _____ Residence telephone: _____ DOB: _____

Full name: _____ Residence address: _____

Email address: _____ Residence telephone: _____ DOB: _____

Full name: _____ Residence address: _____

Email address: _____ Residence telephone: _____ DOB: _____

Full name: _____ Residence address: _____

Email address: _____ Residence telephone: _____ DOB: _____

D. Attach proof that the applicant is authorized and registered to do business in the State of Illinois, and if the applicant has existed for more than one year, please attach a copy of a Certificate of Good Standing issued by the Secretary of State.

E. State the name under which the licensee will do business and provide proof that the business name has been properly registered with McLean County as a DBA or with the Illinois Secretary of State as an assumed name.

F. Answer the following questions. Failure to answer one or more questions may result in the application being considered incomplete or may result in the application being denied. For each question answered yes, please provide specific information in the space following the question. Attach additional pages if necessary.

1: Have you, any officer, or any partner has been convicted of a felony? Y or N _____

If YES: name, date, nature of the felony, and the jurisdiction. _____

2: The number of vehicles to be operated or controlled by the applicant, including the number of seats with driver in each proposed vehicle. Total number of vehicles: _____

If applying for both Taxi and Downtown Shuttle certificates, please note a vehicle T or D after the seats number.

Vehicle 1, seats: _____ Vehicle 2, seats: _____ Vehicle 3, seats: _____

Vehicle 4, seats: _____ Vehicle 5, seats: _____ Vehicle 6, seats: _____

Vehicle 7, seats: _____ Vehicle 8, seats: _____ Vehicle 9, seats: _____

Vehicle 10, seats: _____ Vehicle 11, seats: _____ Vehicle 12, seats: _____

3. The color scheme to be used to designate the vehicle or vehicles. _____

4. Do you, any officer, or any partner owe any outstanding fines, judgment debts, amounts for delinquent water or other City services, taxes, fees or any other amounts to the City of Bloomington or to the Town of Normal to which this Chapter applies (pursuant to an intergovernmental cooperation agreement)? Y or N _____

If YES: name, nature of what is owed, amount, and the jurisdiction. _____

G. The following items must be attached to this application to be considered for certificate issuance.

1. The financial status of the applicant, including a statement of assets and liabilities; financial information shall also include the amount of all unpaid judgments against the applicant and the nature of the transactions or acts giving rise to said judgments.

2. The experience of the applicant in the transportation of passengers.

3. Any facts which the applicant believes tend to prove that public convenience and necessity would benefit by the granting of a certificate to the applicant.

4. Application fee of \$100, cash or check.

5. Background investigation fee of \$10, cash or check, per individual, officer, or partner.

The undersigned, upon oath or affirmation, states that the information in this application is true and correct. Any false information or statements made in this application can subject the undersigned or the applicant, or both, to penalties as provided by the ordinances of the City of Bloomington or the State of Illinois, including denial of this application, revocation of any license issued or approved pursuant to this application. Applications lacking any of the information required or lacking a signed verification will be considered incomplete and will not be processed or accepted. The undersigned gives permission for the City of Bloomington to request a criminal background check to be performed by the Illinois State Police. A copy of the results will be emailed to the undersigned.

Sign under the item that was completed on page 1.

A.

Individual's signature

Date

Applicant's name (please print)

Title or Position with applying entity

B. The chief executive and chief financial officers must sign.

Chief Executive's signature

Date

Chief Executive's name (please print)

Title or Position with applying entity

Chief Financial's signature

Date

Chief Financial's name (please print)

Title or Position with applying entity

C. Each partner must sign.

Partner's signature

Date

Partner's name (please print)

Title or Position with applying entity

Partner's signature

Date

Partner's name (please print)

Title or Position with applying entity

Partner's signature

Date

Partner's name (please print)

Title or Position with applying entity

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Office use only

Reviewed by City Clerk staff: _____ Date: _____

Reviewed by BPD: _____ Date: _____

Fee receipt/batch number: _____

Approved by City Manager: _____ Date: _____