



TAXI PROCEDURES: **Company Applications:**

ALL Owners and Drivers were required to be fingerprinted for the 2013 licensing season, only New Owners, New Drivers, Drivers that did not apply in 2013 or those who were issued a “Probationary License” will need to be fingerprinted

- **DO NOT WAIT UNTIL OCTOBER OR NOVEMBER TO SUBMIT YOUR COMPANY APPLICATIONS AND EXPECT US TO COMPLETE YOUR NAPERVILLE TAXI DRIVERS LICENSES BEFORE DECEMBER 31ST**
(We have 350+ drivers to process)
- The third Monday of August will be the official day that our renewal season for the year’s taxi licenses will begin. **NO** drivers will be able to apply until your company is fully licensed with the City. All companies renewing are to have their applications submitted no later than November 14 in order to avoid the \$50 late fee. **You are free to submit your applications as soon as you are ready! Once your company has been approved you will receive an email telling you to start sending your drivers into the Clerk’s Office. We recommend you start the company renewal procedure as soon as you can – DON’T WAIT UNTIL OCTOBER OR NOVEMBER.**
- The second Friday in November is the deadline for drivers to submit their applications and be guaranteed that we will complete the background investigations before December 31st (Assuming that they get fingerprinted in a timely manner). Any driver that applies on/after the third Monday in November will **not** be guaranteed their investigation will be completed by December 31st.
- The second Friday in December will be the official end of the renewal period. **As of the third Monday in December we will not give any time frames of when a license will be issued. PLEASE ENCOURAGE YOUR DRIVERS TO APPLY DURING THE RENEWAL PERIOD (third Monday in August – second Friday in November).**

APPLICATIONS WILL ONLY BE ACCEPTED BY THE NAPERVILLE CITY CLERK’S OFFICE BETWEEN THE HOURS OF:

8:00 am to 5:00 pm

MONDAY, TUESDAY, THURSDAY OR FRIDAY

NO APPLICATIONS ARE ACCEPTED ON WEDNESDAYS

Anyone who has applied for a Naperville Taxi License **cannot** pick up anyone in Naperville until the License and Sticker has been issued. They can **only** drop people off in Naperville.

WE DO NOT ISSUE ANY “TEMPORARY” LICENSES.

Attachments:

- *City of Naperville Procedures*
- *Sample Insurance Certificate*
- *Naperville Approved Inspection Sites*
- *Company Application*

PLEASE POST/PASS ALONG THE ATTACHEMENTS FOR YOUR DRIVERS

Also attached is the list of Naperville approved inspections sites, they all have the proper forms. We will not accept forms with “Pass/Fail” check marks – **we must have the original forms we have provided to the inspection companies.**

SAMPLE

Policy Number: LRZ2151968

Date Entered: 12/10/20__

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/20__

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS(S), AUTHORIZED

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require and endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Co. Name Address Phone Number	CONTACT NAME: PHONE (A.C. NO. EXT): _____ FAX (A.C. NO. EXT): _____ E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:											
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:
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INSURER A:												
INSURER B:												
INSURER C:												
INSURER D:												
INSURER E:												
INSURED Taxi Co. or Vehicle Owner Name Address Phone Number												

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS R LTR	TYPE OF INSURANCE	ADD L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY Y)	POLICY EXP (MM/DD/YYYY Y)	LIMITS
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JEC <input type="checkbox"/> LOC						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			LRZ2151968	1/1/20__	1/1/20__	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE \$ _____ <input type="checkbox"/> RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> WC STATU- <input type="checkbox"/> - TORY LIMITS ER \$ _____ E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	UM/TIM			LRZ2151968	1/1/20__	1/1/20__	20/40

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

VEHICLE'S VIN #
VEHICLE'S ILLINOIS LICENSE PLATE #

CERTIFICATE HOLDER CITY OF NAPERVILLE 400 S. EAGLE STREET NAPERVILLE, IL 60540	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Joseph A. Insuranceman</i>
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NAPERVILLE TAXI INFORMATION

Driver's Requirements:



Drivers may ***not*** apply until the company has been issued its Naperville Company License



All drivers must apply in person at the City Clerk's Office; applications must be filled out at the counter with ***NO*** assistance.



All drivers will have a fingerprint/background check every 5 years beginning in 2008 (2008, 2013, 2018...) unless they were issued a Probationary License or at the City Clerk's request



Stickers will ***only*** be issued to drivers with a City of Naperville ID badge.



All drivers that apply before the second Friday in November will have their background investigations completed by December 31. **DO NOT WAIT UNTIL OCTOBER OR NOVEMBER TO APPLY**

Drivers must provide all of the following at the time of application:



A ***Valid*** Illinois drivers license (We will ***NOT*** accept a ticket, broken or damaged licenses)



Company photo ID (if applicable)



2 ***current*** color photo's 1"x1 1/2" (Passport photos: head and shoulders area, face forward) **NO SUNGLASSES OR HATS**



Original Current Court Purpose Drivers Abstract (MVR) **not older than 30 days**



\$40.00 I.D. /application fee



\$25.00 State/Naperville Fingerprinting fee

The Company and driver will be notified by the Clerk's Office as soon as his/her background investigation is complete and should not be checking in to find out the progress – returning calls slows the approval process for everyone

THE APPROVAL PROCESS BEGINS AND ENDS IN THE CLERK'S OFFICE, THERE IS NO REASON FOR DRIVERS TO BE CONTACTING THE POLICE DEPARTMENT FOR UPDATES – THEY WON'T HAVE THE ANSWER

ALL APPROVED DRIVERS WILL HAVE 30 DAYS TO PICK UP THEIR BADGES AND STICKERS ONCE APPROVED BY THE CITY CLERK'S OFFICE

Drivers must provide all of the following at the time of issuance of their Badge:



A **Valid** Illinois drivers license (We will **NOT** accept a ticket, broken or damaged licenses)



Current Vehicle Registration



Current Vehicle Insurance Certificate (**naming the City of Naperville as certificate holder**)



Vehicle inspection reports from a Naperville approved site **not older than 30 days** on a Naperville form



Meter inspection reports from a Naperville approved site **not older than 30 days** on a Naperville form



\$20 Vehicle registration fee

APPLICATIONS WILL ONLY BE ACCEPTED BY THE NAPERVILLE CITY CLERK'S OFFICE BETWEEN THE HOURS OF:

8:00 am to 5:00 pm

MONDAY, TUESDAY, THURSDAY OR FRIDAY

NO APPLICATIONS ARE ACCEPTED ON WEDNESDAYS

Drivers may apply for a Naperville License through the last Friday in July for the current year.

NO applications will be accepted for the next year until your company has been issued its new license.



Naperville

APPROVED TAXI INSPECTION SITES

Company Name	Address	Phone Number	Type of Inspections	Vehicle Inspection and Meter Inspection Fee
AAMCO Total Car Care of Aurora	1315 N Lake St. Aurora, IL 60506	630-896-5700	Cabs & Meters	\$45
Cool Flow Automotive	1340 W Ogden Ave #2 Naperville, IL 60563	630-355-2001	Cabs & Meters	\$40
Sterling Automotive Repair	7 South Route 59 Aurora, IL 60504	630-851-3610	Cabs & Meters	\$50
My Wifes Mechanic	500 Industrial Dr. Suite 500 Naperville, IL 60563	630-750-6126	Cabs & Meters	\$40
North Aurora Firestone	401 S Lincolnway North Aurora, IL 60542	630-857-1400	Cabs & Meters	\$45

Attachments needed to be submitted with this application:

Incomplete applications will be rejected

- 1) Copy of All Owners Drivers Licenses or State issued ID
- 2) Owners List
- 3) Owners Fingerprint Cards (if applicable)
- 4) Drivers List
- 5) Vehicle List
- 6) Company Rules or Operating Policy

Company Fees:

\$100.00 Operating License Application

\$25.00 Finger Print Background Check *

*((\$36.50 for fingerprint cards for out of state owners)

**Renewing Companies, please return this application with applicable fees before
November 14th to avoid the \$50 late fee:**

City of Naperville
City Clerk's Office
Attn: Lynn R. Zilinsky
400 S. Eagle St.
Naperville, IL 60540

Make check payable to the City of Naperville

**DRIVERS APPLICATIONS MUST BE FILLED OUT IN THE PRESENCE
OF THE CITY CLERK'S STAFF WITH NO ASSISTANCE
(This also applies to Owners that are Drivers)**



APPLICATION FOR A TAXI OPERATING LICENSE
(INCOMPLETE APPLICATIONS WILL DELAY THE APPROVAL PROCESS)

Name of Taxi Business (as it appears on the cabs): _____

Name of Primary Business Owner or best Contact person: _____

Dispatch Phone Number: _____ Contact Number: _____

Business Address: _____

(Street Address)

(City) (State) (Zip)

Contact Persons Email Address: _____

Type of Business: Corp. _____ Partnership _____ Proprietorship _____

Outline below the types of service you intend to provide and the fare to be charged. Taxi fares must be expressed as an initial rate plus an additional rate for every mile or portion thereof.

SERVICE

FARE

Flag Rate \$ _____

Rate per mile \$ _____

Waiting Time \$ _____

Charter \$ _____

Premium Rates (Hours of 11 pm – 5 am) \$ _____

Hourly Rate \$ _____

Minimum Fare Rate \$ _____

Other: \$ _____

Specify: _____

Does your company accept Credit Cards: **Yes** or **No**

What is your policy on driver cell phone usage:

STATE OF ILLINOIS

COUNTY OF DuPAGE/WILL

AFFIDAVIT IN SUPPORT OF AN APPLICATION FOR AN OPERATING LICENSE

NOW COMES the Affiant, _____, being duly sworn verifies that the statements
(Print Name of Owner, Partner or President of Business)
contained in the Application for an Operating License are true and correct.

By: _____
Signature of Owner, Partner or President of Business

List of all Company Owners:

PLEASE PRINT CLEARLY

Name: _____
Phone Number: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Drivers License/State ID No.: _____ State Issued By: _____
Email Address: _____
% of Company Owned: _____

Name: _____
Phone Number: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Drivers License/State ID No.: _____ State Issued By: _____
Email Address: _____
% of Company Owned: _____

Name: _____
Phone Number: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Drivers License/State ID No.: _____ State Issued By: _____
Email Address: _____
% of Company Owned: _____

Name: _____
Phone Number: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Drivers License/State ID No.: _____ State Issued By: _____
Email Address: _____
% of Company Owned: _____

Feel free to copy this form if you have more than 4 owners

