



Village of Stone Park  
1825 N. 32nd Avenue  
Stone Park, IL 60165  
[www.vosp.us](http://www.vosp.us)

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Public Works  
708-450-3208  
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# Procedures for Obtaining TAXI & CHAUFFEUR LICENSE Outside Village Limits

Steps will assist when applying for a Taxi & Chauffeur license

## STEP 1: APPLICATION

A business license application must be completely executed including date and signature. Do not leave any blank spaces as it will delay the approval process

## STEP 2: INSURANCE

A current certificate of insurance showing Stone Park as the holder is required. Certificate must also provide evidence of fleet coverage or itemized vehicle coverage.

## STEP 3: VEHICLES

In addition to the insurance coverage, a vehicle inspection report is required. A Vehicle Inspection form is provided. Inspection reports provided on a non-Stone Park form must provide the same information or more. Reports not meeting inspection requirements will not be accepted.

## STEP 4: CHAUFFEUR LICENSE

- "Independent" chauffeur licenses are not available
- All drivers must work for a licensed taxi/transportation company
- Chauffeur license applications are provided and must be completed in full by applicant
- One 2 x 2 photo
- State issued driver license
- Background check through Accurate Biometrics (4849 N. Milwaukee, Ste. 101, Chicago) form provided. Each applicant is responsible for providing the required information or risk denial of application

## STEP 5: FEES

|                   |          |
|-------------------|----------|
| Business License: | \$100.00 |
| Each Vehicle:     | \$75.00  |
| Chauffeur:        | \$35.00  |

Background check fee of \$40 paid to Accurate Biometrics

All fees are non-refundable. Fees are due with the application

## STEP 6: PAYMENT & ISSUANCE OF LICENSE

Payment will be due upon filing of applications. A receipt will be issued upon filing. Upon approval, the business license will be issued via U.S. Mail to the address that is provided on the application. Applicants for chauffeur licenses will be called upon approval of their application.

# Village of Stone Park

## Chauffeur License Application

|  |                                 |                     |                  |            |
|--|---------------------------------|---------------------|------------------|------------|
| PLEASE PRINT   | Office use only In this section | Application # _____ |                  |            |
| NAME OF APPLICANT  |                                 | DATE : _____        |                  |            |
| LAST   | FIRST                           | MIDDLE              |                  |            |
| DRIVERS LICENSE NUMBER   | SOCIAL SECURITY NUMBER          |                     |                  |            |
| DATE OF BIRTH  | HEIGHT                          | WEIGHT              | EYE COLOR        | HAIR COLOR |
| ADDRESS:   | City:                           |                     | State:           |            |
| Zip:   | HOME PHONE                      | CELL NUMBER         |                  |            |
| HAVE YOU EVER APPLIED FOR AND BEEN DENIED A CHAUFFEURE LICENSE ? _____   |                                 |                     |                  |            |
| IF YOU ANSWERED YES, PLEASE EXPLAIN IN WHAT MUNICIPALITY AND WHY _____   |                                 |                     |                  |            |
| NAME OF COMPANY: _____   |                                 |                     |                  |            |
| ADDRESS:   | City:                           |                     | State:           | Zip:       |
| Business Number:   | ( ) _____                       | Fax ( ) _____       |                  |            |
| ARE YOU PRESENTLY UNDER THE CARE OF A PHYSICIAN FOR ANY ILLNESS THAT MAY AFFECT YOUR ABILITY TO OPERATE A VEHICLE? _____ IF YES PLEASE EXPLAIN _____   |                                 |                     |                  |            |
| ARE YOU PRESENTLY TAKING ANY MEDICATIONS THAT WOULD IMPAIR YOUR ABILITY TO DRIVE _____   |                                 |                     |                  |            |
| IF YES, PLEASE LIST THEM _____   |                                 |                     |                  |            |
| HAVE YOU EVER BEEN ARRESTED FOR ANY REASON? (Required)   |                                 |                     |                  |            |
| IF YES, PLEASE EXPLAIN _____   |                                 |                     |                  |            |
| I HEREBY MAKE APPLICATION FOR A VILLAGE OF STONE PARK CHAUFFEURS LICENSE AND AFFIRM THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE. I GIVE PERMISSION TO THE STONE PARK POLICE DEPARTMENT TO VERIFY ANY AND ALL INFORMATION I REALIZE THAT IF I HAVE PROVIDED FALSE OR INACCURATE INFORMATION I MAY BE DENIED A CHAUFFEURE LICENSE I UNDERSTAND THAT THIS LICENSE MAY BE REVOKED AT ANY TIME FOR DUE CAUSE. |                                 |                     |                  |            |
| Signature of applicant _____   |                                 |                     | Date _____       |            |
| Office use only in this section  |                                 |                     |                  |            |
| Application:   | Approved _____                  | Denied _____        | By _____         | Date _____ |
| If denied, reason? _____   |                                 |                     |                  |            |
| PPVCL# _____   | Issued by _____                 | Date of issue _____ | Expiration _____ |            |
| Please attach two (2) 1 112" X 2" current photographs to application.  |                                 |                     |                  |            |



**VILLAGE OF STONE PARK**  
Public Passenger Vehicle Inspection Report

| VEHICLE INFORMATION |  |          |  | Date  |
|---------------------|--|----------|--|-------|
| Company             |  | Cab#     |  | Owner |
| IL Plate            |  | Odometer |  | Vin#  |
| Year                |  | Make     |  | Model |

| #  | ITEM                   | PASS | FAIL | #  | ITEM                            | PASS | FAIL |
|----|------------------------|------|------|----|---------------------------------|------|------|
| 1  | Mirrors                |      |      | 22 | Accelerator/Brake Pedal         |      |      |
| 2  | Body Damage            |      |      | 23 | Emergency Brake                 |      |      |
| 3  | Bumper                 |      |      | 24 | Brakes (front)                  |      |      |
| 4  | Headlights             |      |      | 25 | Brakes (rear)                   |      |      |
| 5  | Tail Lights            |      |      | 26 | Ball Joints                     |      |      |
| 6  | Registration Light/Top |      |      | 27 | Wheel Bearings                  |      |      |
| 7  | Brake Lights           |      |      | 28 | Wheel Alignment                 |      |      |
| 8  | Hazard Warning Lights  |      |      | 29 | Wheels                          |      |      |
| 9  | Turn Signals           |      |      | 30 | Frame & Axels                   |      |      |
| 10 | Doors and Latches      |      |      | 31 | Tires                           |      |      |
| 11 | Trunk and Hood         |      |      | 32 | Steering Mechanism              |      |      |
| 12 | Spare Tire             |      |      | 33 | Shock Absorbers                 |      |      |
| 13 | ID Markings            |      |      | 34 | Springs                         |      |      |
| 14 | Horn & Defroster       |      |      | 35 | Linkages and Seals              |      |      |
| 15 | Wipers & Washers       |      |      | 36 | Exhaust System                  |      |      |
| 16 | Windows                |      |      | 37 | Interior Appearance             |      |      |
| 17 | Window Operation       |      |      | 38 | Miscellaneous( use space below) |      |      |
| 18 | Front And Rear Floors  |      |      |    |                                 |      |      |
| 19 | Seats                  |      |      | 39 | Rate Display                    |      |      |
| 20 | Safety Belts/Air Bags  |      |      | 40 | Taxi Meter#                     |      |      |
| 21 | All Gauges             |      |      | 41 | Meter Serial #                  |      |      |

Overall Safety Sticker# \_\_\_\_\_

I certify that I have inspected the above vehicle according to the required specifications. And that all the information contained on this report is accurate, complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Shop Name & City\* or Stamp