



Village of Stone Park
1825 N. 32nd Avenue
Stone Park, IL 60165
www.vosp.us

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President

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708-345-5550
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708-344-2134
Fax: 708-345-5564
www.stoneparkpd.com

Fire Department
708-450-3217
Fax: 708-450-3219
www.stonepark.us

Public Works
708-450-3208
Fax: 708-450-3202

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 _____	
Application: Approved _____ Denied _____			Office use only in this section By _____ Date _____	
If denied, reason? _____				
PPVCL# _____	Issued by _____	Date of issue _____	Expiration _____	
Please attach two (2) 1 1/2" 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