CITY OF PEORIA
HORSE DRAWN VEHICLE PERMIT APPLICATION

The undersigned hereby makes application pursuant to Article III, Chapter 30 of the Code of the City of Peoria to operate a horse drawn vehicle within the City of Peoria, Illinois and agrees to operate same in accordance with all applicable laws and regulations imposed thereon.

1. Trade name of Business: ____________________________________________________________
   Business address: _________________________________________________________________
   (not PO Box) _________________________________________________________________
   Phone number: _______________________________ E-mail: _______________________________

2. Name of applicant: _________________________________________________________________
   Business address: _________________________________________________________________
   Business phone number: ___________________________________________________________
   Home address: _________________________________________________________________
   Home phone number: ___________________________________________________________

3. If a proprietorship or partnership list names of all owners, their residence address, phone number below. If an association or corporation, list the information for all officers, directors and members. Add additional sheets if necessary. NOTE: This section must be fully completed.

   Name: ____________________________________________ Title: _______________________
   Address: ____________________________________________
   Home Phone Number: ________________________________

   Name: ____________________________________________ Title: _______________________
   Address: ____________________________________________
   Home Phone Number: ________________________________

4. Corporation Name: ________________________________________________________________
   Is corporation qualified to do business in the State of Illinois? __________
   Date and place of incorporation: ___________________________________________________

5. Name of insurance company furnishing liability insurance policy: _______________________
   _______________________________________________________________________________ 

6. Describe horse drawn vehicle business to be operated: _________________________________
   _______________________________________________________________________________

7. Describe manner in which applicant will install, maintain and operate business: _______
   _______________________________________________________________________________

8. Hours of operation: __________________________________________________________________

Complete Reverse Side
9. Location from which business is to be operated: ____________________________________________
   __________________________________________________________________________________

10. Routes to be served or utilized (attach map): ____________________________________________
    __________________________________________________________________________________

11. Number of vehicles to be operated: ____________________________________________________

12. Type of animal used to draw vehicle: ____________________________________________________

13. List kind, make and model of vehicle to be operated: ____________________________________
   __________________________________________________________________________________

14. List safety and sanitation devices and methods to be employed: ____________________________
    __________________________________________________________________________________

15. Describe manner and location for feeding, watering, sheltering, quartering, stabling and otherwise caring for animals: ________________________________________________________________
    __________________________________________________________________________________

16. Describe method to be used for transporting animals: ____________________________________
    __________________________________________________________________________________

17. List rates and charges to all classes of passengers: ______________________________________
    __________________________________________________________________________________

Note: The following is required to be attached to this application:
- Certificate of Soundness
- Insurance Certificate
- Map of route(s)
- Color photo of the vehicle

I hereby affirm that the information contained in this application is true and correct to the best of my knowledge and belief. I further affirm that I am familiar with and eligible under the provisions of Article III, Chapter 30 of the Code of the City of Peoria and that I shall abide by same. I understand that any false statements could result in the revocation, suspension or denial of a permit. I understand I cannot operate prior to receiving and posting the permit.

Signature of Applicant: __________________________________________ Date: ________________

Subscribed and sworn to before me this ______ day of __________________, 20____
(Seal)

________________________________________ Notary Public

Mail or deliver to: Accounts Receivable Division, 419 Fulton Street, Peoria, IL 61602

Questions: (309) 494-8588 or email to: AR@ci.peoria.il.us

________________________________________

OFFICE USE ONLY

City Manager: ___________________________ Date: ________________

Traffic Engineer: ________________________ Date: ________________

Captain of Police/Traffic: __________________ Date: ________________

Other: _________________________________ Date: ________________
10/2010