

**CITY OF OLNEY**  
**300 S. WHITTLE AVE. – OLNEY, ILLINOIS 62450**  
**618-395-7302 / FAX 618-395-7304**

APPLICATION FOR TAXI CAB LICENSE

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Owner of Business \_\_\_\_\_

License Number of Cab \_\_\_\_\_

Make of Car \_\_\_\_\_

Number of Cars \_\_\_\_\_

Date Applied \_\_\_\_\_

Date Approved \_\_\_\_\_

Paid by Check \_\_\_\_\_ Cash \_\_\_\_\_

Total Amount \_\_\_\_\_

Taken By: \_\_\_\_\_