

FOR FINANCE OFFICE USE ONLY

Initial Fee: \$59.00 Renewal Fee: \$32.00

Late Fee: Double license fee for licenses not received by July 1st

Total Due \$_____ Date Received: ____

License #: _____ Business Account #: _____

Relocator Registration License Application

reciocate	registration	License Applica			
APPLICANT	INFORMATION:				
BUSINESS N	IAME				
BUSINESS A	DDRESSstreet		CITY		
				STATE	ZIP
		STREET		STATE	ZIP
BUSINESS P	HONE	BUSINESS FAX		EMAIL	
COMPANY OWNER'S NAME			PHONE		
	200				
OWNER S AI	DDRESS	CITY		STATE	ZIP
NUMBER OF	TOW VEHICLES IN FL	_EET			
PROPERTY IN THE CITY OF URBANA WITHOUT THE REQUEST OF THE OWNER OR OPERATOR OF THE VEHICLE. IN ORDER TO COMPLETE THE LICENSING PROCESS, PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION AND FEE: 1. SCHEDULE OF FEES. THESE ARE FEES FOR THE USUAL AND CUSTOMARY CHARGES FOR TOWING AND STORAGE OF VEHICLES. 2. PROOF OF INSURANCE. EVERY RELOCATOR IS REQUIRED TO FILE AN INDEMNITY BOND,					
INSURANCE POLICY, OR OTHER PROOF OF GARAGE KEEPERS LIABILITY INSURANCE IN SUCH AMOUNTS AS MAY, FROM TIME TO TIME, BE ESTABLISHED IN THE ILLINOIS VEHICLE CODE AS SECURITY REQUIREMENTS FOR COMMERCIAL VEHICLE RELOCATORS.					
PLEASE RETURN COMPLETED APPLICATION, PROOF OF INSURANCE, SCHEDULE OF FEES AND THE APPROPRIATE FEE TO:				CITY OF URBANA FINANCE DEPARTME 400 South Vine Stree URBANA, IL 61801	
		D BY LAW, I DECLARE T FRUE, CORRECT, AND C		EST OF MY KNOWLEDGE	AND BELIEF, THE
<u>(X)</u>			<u>(X</u>)		
SIG	GNATURE OF APPLICA	ANT		DATE	