

NON-REFUNDABLE
CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: POLICE DEPARTMENT

PHONE: (630) 377-4435

FAX: (630) 377-1078

Horse-drawn Carriage License Application for the City of St. Charles

Name of Business _____ Business Phone _____

Address of Business _____ Email address _____

Applicant is: _____ Individual _____ Partnership _____ Corporation _____

List Applicant(s) Name Address Phone Date of Birth

If Applicant is a Corporation, list names, addresses, offices held and date of birth for all officers and directors

Name Address Office Date of Birth

Number of years business has been established _____

Has Applicant (if partnership, any members thereof; or a corporation, the president or secretary thereof) ever been convicted of a felony? _____. If **Yes**, attach explanation to this Application.

Has Applicant (if partnership, any members thereof; or a corporation, the president or secretary thereof) ever been convicted of a driving offense? _____. If **Yes**, attach explanation to this Application.

Name, address and phone of insurance company. _____

Description and amount of insurance. _____

Policy Number (attach a copy to this Application). _____

Note: By signing this application, the Applicant agrees to all the provision of Chapter 5.52 of the Municipal Code of the City of St. Charles.

Applicant Signature: _____

For Office Use Only

Investigation Date _____ Investigator _____

Recommendation _____

Fee: \$150 Cash or Check (circle one) paid on _____ Received By _____

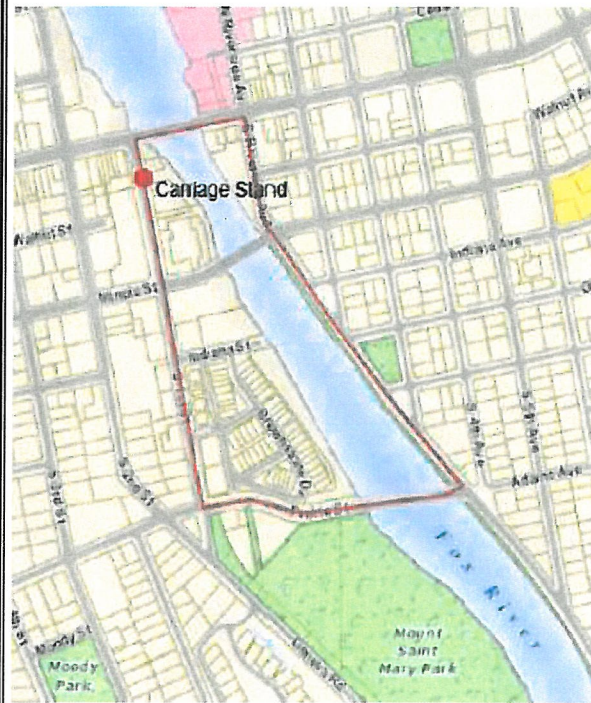
Approval Date _____ Approved By _____

— Carriage Route
Per Ordinance

EXHIBIT 5.52.060.A

St. Charles Carriage Routes

Main Carriage Route



Alternate Carriage Route

