NON-REFUNDABLE

CITY OF ST. CHARLES

TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984

DEPARTMENT: POLICE DEPARMENT 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 _____

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 _____

_____

_____

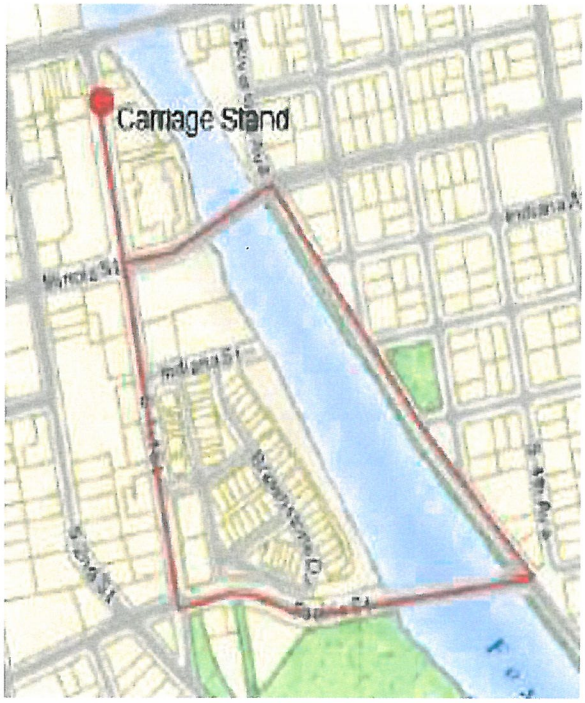
Fee: $150 Cash or Check (circle one) paid on _____ Received By _____

Approval Date _____ Approved By _____

Carriage Route
Per Ordinance

EXHIBIT 5.52.060.A

St. Charles Carriage Routes

Main Carriage Route

Alternate Carriage Route