



Application for Transportation Network Company License

☐ New License Application ☐ Annual Renewal Application

Date: _____

Business Name _____

Contact Name _____
Last First M.I.

Contact Address _____
City State Zip

Phone/Cell _____ Email Address _____

If a Corporation, please list all names of Officers, Directors, Members and/or Partners owning more than 5%. *(attach another sheet, if necessary)*

Name	Address	City, State, Zip	D.O.B.	Phone

Drivers in the City of Galesburg must follow these requirements:

1. An application for a TNC which includes information on his or her address, age, driver’s license, driving history, motor vehicle registration, automobile liability insurance, and any other information required by the TNC.
2. Conduct, or have a third-party conduct, a local and national criminal history background check for each individual applicant that shall include:
 - a. Multi-stat or multi-jurisdictional criminal records locator or other similar commercial nationwide database with validation (primary source search); and
 - b. National sex offenders registry database; and
 - c. Obtain and review a driving history research report for the individual.
3. A TNC shall not permit an individual to act as a TNC driver on its digital platform who:
 - a. Has had more than three moving violations in the prior three-year period, or one major violation in the prior three-year period including, but not limited to, attempting to evade police, reckless driving, hit and run, or driving on a suspended or revoked license.

- b. Has been convicted, within the past seven years of driving under the influence of drugs or alcohol, fraud, sexual offenses, use of a motor vehicle to commit a felony, a crime involving property damage, or theft, acts of violence, or acts of terror;
- c. Is a match in the national sex offenders registry database;
- d. Does not possess a valid driver's license;
- e. Does not possess proof of registration for the motor vehicle used to provide TNC services;
- f. Does not possess proof of automobile liability insurance for the motor vehicle used to provide TNC services;
- g. Is under 19 years of age;

The following must be completed or included with this application before it can be processed:

- ☐ Fee of \$100
- ☐ As a TNC driver, I shall adhere to the driver requirements as set forth in Transportation Network Providers Act, ILCS Ch. 625, Act 5, §§ 1 et seq.
- ☐ I certify that I have proof of insurance meeting the standards described in the Transportation Network Providers Act and will provide a copy to the City Clerk's office before any issuance of a license to operate for a transportation network company in the city.
- ☐ I have read and understand City of Galesburg; Chapter 112.51 TNC License concerning driver requirements.
- ☐ I understand that I must observe all laws of the United States, State of Illinois, and the City of Galesburg in the conduct of any business.
- ☐ Copy of Driver's License

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in this application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the City of Galesburg issue the license herein applied for and that the applicant is qualified and eligible to obtain the license applied for.

Printed Name of Applicant: _____

Applicant's Signature

Date

Please submit completed applications and materials to:

Galesburg City Clerk's Office
P.O. Box 1387
Galesburg, IL 61402-1387

Contact Information:
Phone: 309-345-3611