

POLICE DEPARTMENT

200 South Lincolnway North Aurora, Illinois 60542 Phone: (630) 897-8705 Fax: (630) 897-8700 www.northaurora.org

DAVID C. FISHERCHIEF OF POLICE

COMMERICAL VEHICLE RELOCATOR PERMIT APPLICATION

Application Type			Re	locator License Number
New Application			RLN	
Renewal				
Update Information				(For Police Dept Use Only)
APPLICANT'S IDENT	ITY			
Applicant is a(n):	☐ Individual ☐ LLC ☐ Corporation ☐ Other Business (For LLC, Business or Corporations, all owner(s) m		icense Number	
Full Legal Name				
Trade Name				
Address				
City		State	Zip	Code
Business Phone	Fax Phone		24-Hour Phone	
APPLICANT'S OWNE	R(S)**			
Owner Name				
Address			Apt	/Suite #
City		State	Zip	Code
Home Phone	Business Phone		Other Phone	
Owner Name				
Address			Apt	/Suite #
City		State	Zip	Code
Home Phone	Business Phone		Other Phone	

^{**}If you need additional space, please feel free to copies from this application as necessary.

EMPLOYEE INFORM	IATION** (Information for e	every employee requ	ired to be licensed	by the ICC must b	e listed)	
Employee Type	Relocator (Driver)	Dispatch	er	ICC L	icense Number	
Last Name			First Name			Middle Initial
Address					P	Apt/Suite #
City				State	Z	Zip Code
Home Phone		Business Phone			24 hr Phone	
Date of Birth	Soc.Se	ec. #		IL Drivers	License #	
Race	Gender		Height	V	Weight	
Employee Type	Relocator (Driver)	O Dispatch	er	ICC L	icense Number	
Last Name			First Name			Middle Initial
Address					A	Apt/Suite#
City				State	Z	Zip Code
Home Phone		Business Phone			24 hr Phone	
Date of Birth	Soc.Se	ec. #		IL Drivers	License #	
Race	Gender		Height	,	Weight	
Employee Type	Relocator (Driver)	Dispatch	er	ICC L	icense Number	
Last Name			First Name			Middle Initial
Address					A	Apt/Suite #
City				State	Z	Zip Code
Home Phone		Business Phone			24 hr Phone	
Date of Birth	Soc.Se	ec. #		IL Drivers	License #	
Race	Gender		Height	,	Weight	

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EMPLOYEE I	NFORMA1	「ION** (Informat	ion for every employee red	quired to be licens	ed by the ICC must b	oe listed)	
Employee	Туре (Relocator (Dri	ver) Dispato	cher	ICC I	License Numb	ber
Last Name				First Name			Middle Initial
Address							Apt/Suite #
City					State		Zip Code
Home Phone			Business Phor	ne		24 hr Pho	ne
Date of Birth			Soc.Sec. #		IL Drivers	License #	
Race		Gender		Height		Weight	
Employee	Туре (Relocator (Dri	ver) Dispato	cher	ICC I	License Numb	ber
Last Name				First Name			Middle Initial
Address							Apt/Suite #
City					State		Zip Code
Home Phone			Business Phor	ne		24 hr Pho	ne
Date of Birth			Soc.Sec. #		IL Drivers	License #	
Race		Gender		Height		Weight	
Employee	Туре (Relocator (Dri	ver) Dispato	cher	ICC I	License Numl	ber
Last Name				First Name			Middle Initial
Address							Apt/Suite #
City					State		Zip Code
Home Phone			Business Phor	ne		24 hr Pho	ne
Date of Birth			Soc.Sec. #		IL Drivers	License #	
Race		Gender		Height		Weight	

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APPLIC	APPLICANT'S VEHICLES** (Must list all vehicles operated by the applicant)								
Assigned	Vehicle #		Year		Make			Model	
VIN				Lic	cense Pla	e Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Model	
VIN				Lic	cense Pla	e Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Model	
VIN				Lic	cense Plat	e Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Model	
VIN				Lie	cense Pla	e Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Model	
VIN				Lic	cense Pla	e Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Model	
VIN				Lic	cense Plat	e Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Model	
VIN				Lic	cense Plat	e Number			License PlateType
Insurance	e Company						Policy Number		

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APPLICANT'S IMPOUND LOT(S)	** (Must list all locations where relocated vehicles are to	o be stored)			
Address			Owned		Leased
City	State	Zip Code		County	
24 hr. Telephone #	Days & Hours of Operation				
Address			Owned		Leased
Eity	State	Zip Code		County	
24 hr. Telephone #	Days & Hours of Operation				
Address			Owned		Leased
Eity	State	Zip Code		County	
24 hr. Telephone #	Days & Hours of Operation				
ity		State	Zin	Code	
Property Contact Name		Telephone I		Couc	
Business/Location Name					
Address					
City		State	Zip	Code	
Property Contact Name		Telephone I	Number		
Business/Location Name					
Address					
City		State	Zip	Code	
Property Contact Name		Telephone I	Number		

^{**}If you need additional space, please feel free to make copies from this application as necessary.

BACKROU	ND INFORMA	HON:				
Law 625IL	LCS 5/18a, any	Illinois Commerce Com		der, or any part o	nmercial Relocation of Trespassing f the Village of North Aurora Ordina	
○ Yes	○ No	If yes, please provide det	tails on the last page of this ap	oplication.		
2.) Has your	company ever	been denied a Relocato	or permit by either the III	linois Commerce	Commission or the Village of North	Aurora?
○ Yes	O No	If yes, please provide det	tails on the last page of this ap	pplication.		
3.) Has your \	Village or Nortl	n Aurora Relocator perm	nit ever been suspended	d or revoked by th	e Village of North Aurora?	
○ Yes	○ No	If yes, please provide det	tails on the last page of this ap	pplication.		
4.) Has your I	Illinois Comme	rce Commission Relocat	tor permit or ever been	suspended or rev	oked by the Illinois Commerce Cor	nmission?
○ Yes	O No	If yes, please provide det	tails on the last page of this ap	pplication.		
SIGNATUR	ES:					
knowledge a	and that all stat	ly sworn, hereby states in ements set forth are of i		ntained in this ap	olication is true to the best of his/h	er
Applicant's Pri	nted Name				Date	
Applicant's Sig	jnature				Date	
If the Appli	cant is signing	on behalf of a busine	ess, indicate the capaci	ity in which the	Applicant is signing:	
Shareho	older 🔘	Member Of	fficer Agent	Other		
STATE OF		; ;	SS			
COUNTY OF		:				
Subscribed a	and sworn befo	re me, a Notary Public, i	in and for the State of Ill	inois and County	above named,	
this	day of		, 20			
				Nota	ry Public	
(SEAL)						
My Commis	sion Expires					

AUTHORIZATION TO RELEASE INFORMATION

	Pı	rint Name	
Authorize the Illinois State Police to	release to the North Auro	ora Police Department information on criminal	convictions
elative to my fitness to be licensed	as a Commercial Vehicle I	Relocator and authorize the Secretary of State F	Police to release
o the North Aurora Police Departn	ent information related t	o title, registration and/or drivers license record	ds of any person/
vehicle listed in this application.			
		Name of Relocator	
	Signature:		
	Date:		

This form must be completed by every individual, partner, or employee.

This page is provided for you to answer questions in detail. Please indicate by page number, question number and/or letter the question you are answering.				

ATTACHMENTS CHECKLIST						
The original completed application	A copy of of the current rates to charged for such services					
Proof of Security	A copy of contracts between relocator/private property owner					
A copy of ICC License for the Commercial Relocator	A check for \$125.00					
A copy of ICC License for each employee or agent						
All items listed above must be included with the application. Any missing attachments will render the application as incomplete						

APPLICATION FEE: \$125.00 (Initial or Renewal Permit)

Make all checks payable to the **Village of North Aurora**

Send application and fees to:

North Aurora Police Department Traffic Division 200 South Lincolnway North Aurora, IL 60542

!! ALL FILING FEES ARE NON-REFUNDABLE!!