

POLICE DEPARTMENT

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

JOSEPH D. DELEO

CHIEF OF POLICE

COMMERICAL VEHICLE RELOCATOR PERMIT APPLICATION

Application Type			R	elocator License Number
O New Application			RLN	
C Renewal				
O Update Informatio	n			(For Police Dept Use Only)
APPLICANT'S IDEN	ГІТҮ			
Applicant is a(n):	 Individual LLC Corporation Other Busines (For LLC, Business or Corporations, all owner(state) 	i	cense Number [
Full Legal Name				
Trade Name				
Address				
City		State	Zip	Code
Business Phone	Email		24-Hour Phone	
APPLICANT'S OWN	ER(S)**			
Owner Name				
Address			Ар	t/Suite #
City		State	Zip	Code
Home Phone	Business Phone		Other Phone	
Owner Name				
Address			Ар	t/Suite #
City		State	Zip	Code
Home Phone	Ema	il	Other Phone	

EMPLOYEE INFORMATION** (Information for every employee required to be licensed by the ICC must be listed)								
Employee	e Type	C Relocator (Driver)	O Dispatch	ier	ICC L	icense Numbe	r	
Last Name				First Name			Middle	Initial
Address							Apt/Suite #	
City					State		Zip Code [
Home Phone			Business Phone			24 hr Phone		
Date of Birth		Soc.Se	c. #		IL Drivers L	icense #		
Race		Gender		Height	V	Veight		
Employee	e Type	C Relocator (Driver)	O Dispatch	ner	ICC L	icense Numbe	r	
Last Name				First Name			Middle	Initial
Address							Apt/Suite #	
City					State		Zip Code [
Home Phone			Business Phone			24 hr Phone		
Date of Birth		Soc.Se	c. #		IL Drivers L	icense #		
Race		Gender		Height	V	Veight		
Employee Type Relocator (Driver) Dispatcher ICC License Number								
Last Name				First Name			Middle	Initial
Address							Apt/Suite #	
City					State		Zip Code	
Home Phone			Business Phone			24 hr Phone		
Date of Birth		Soc.Se	c. #		IL Drivers L	icense #		
Race		Gender		Height	V	Veight		

EMPLOYEE I	NFORMATION** (Information for every employee required to be licensed by the ICC must be listed)
Employee	Type C Relocator (Driver) Dispatcher ICC License Number
Last Name	First Name Middle Initial
Address	Apt/Suite #
City	State Zip Code
Home Phone	Business Phone 24 hr Phone
Date of Birth	Soc.Sec. # IL Drivers License #
Race	Gender Height Weight
Employee	Type C Relocator (Driver) Dispatcher ICC License Number
Last Name	First Name Middle Initial
Address	Apt/Suite #
City	State Zip Code
Home Phone	Business Phone 24 hr Phone
Date of Birth	Soc.Sec. # IL Drivers License #
Race	Gender Height Weight
Employee	Type C Relocator (Driver) Dispatcher ICC License Number
Last Name	First Name Middle Initial
Address	Apt/Suite #
City	State Zip Code
Home Phone	Business Phone 24 hr Phone
Date of Birth	Soc.Sec. # IL Drivers License #
Race	Gender Height Weight

APPLICANT'S VEHICLES** (Must list all vehicles operated by the applicant)									
Assigned	Vehicle #		Year		Make			Mode	
VIN				Lic	cense Plat	te Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Mode	
VIN				Lic	cense Plat	te Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Mode	
VIN				Lic	cense Plat	te Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Mode	
VIN				Lic	cense Plat	te Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Mode	
VIN				Lic	cense Plat	te Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Mode	
VIN			-	Lic	ense Plat	te Number			License PlateType
Insurance	e Company						Policy Number		
Assigned	Vehicle #		Year		Make			Mode	
VIN				Lic	cense Plat	te Number			License PlateType
Insurance	e Company						Policy Number		

APPLICANT'S IMPOUND LOT(S)** (Must list all locations where relocated vehicles are to be stored)						
Address		Owned	○ Leased			
City	State Zip Code	County				
24 hr. Telephon	e # Days & Hours of Operation					
Address		Owned	CLeased			
City	State Zip Code	County				
24 hr. Telephon	e # Days & Hours of Operation					
Address		Owned	CLeased			
City	State Zip Code	County				
24 hr. Telephon	e # Days & Hours of Operation					

LOCATIONS OF RELOCATION PRACTICE(S)/CONTRACT(S)** (Must list all addresses of all locations where vehicles are to be towed from)				
Business/Locati	ion Name			
Address				
City	State Zip Code			
Property Contac	Telephone Number			
Business/Locati	ion Name			
Address				
City	State Zip Code			
Property Contac	Telephone Number			
Business/Locati	ion Name			
Address				
City	State Zip Code			
Property Contact Name Telephone Number				

BACKROUN	D INFORMATI	ON:			
1.) Has your company or any employee of your company violated any part of the Illinois Commercial Relocation of Trespassing Vehicles Law 625ILCS 5/18a, any Illinois Commerce Commission regulation or order, or any part of the Village of North Aurora Ordinance which regulates Commercial Vehicle Relocator practices within the last 5 years?					
○ Yes	🔿 No	If yes, please provide details on the last page of this application.			
2.) Has your co	ompany ever be	en denied a Relocator permit by either the Illinois Commerce Commission or the Village of North Aurora?			
○ Yes	🔿 No	If yes, please provide details on the last page of this application.			
3.) Has your Village or North Aurora Relocator permit ever been suspended or revoked by the Village of North Aurora?					
⊖ Yes	🔿 No	If yes, please provide details on the last page of this application.			
4.) Has your Ill	inois Commerce	e Commission Relocator permit or ever been suspended or revoked by the Illinois Commerce Commission?			
○ Yes	🔿 No	If yes, please provide details on the last page of this application.			

SIGNATURES:					
The undersigned, being duly sworn, hereby states that the information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will.					
Applicant's Printed Name	Date				
Applicant's Signature	Date				
If the Applicant is signing on behalf of a business, indicate the capacity in v	which the Applicant is signing:				
Shareholder Member Officer Agent	Other				
STATE OF :					
COUNTY OF : ss					
Subscribed and sworn before me, a Notary Public, in and for the State of Illinois and County above named,					
thisday of, 20					
	Notary Public				
(SEAL)					

AUTHORIZATION TO RELEASE INFORMATION

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

C The original completed application

O Proof of Security

○ A copy of of the current rates to charged for such services

○ A copy of contracts between relocator/private property owner

○ A copy of ICC License for the Commercial Relocator

A check for \$125.00

 \bigcirc 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 !!