



Village of Libertyville

Application Common Carrier Stop within the Village of Libertyville (Applications must be submitted at least five (5) days prior to the disembarking date)

Owner Information:

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Operator Information:

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Driver Information:

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Vehicle Information:

Make: _____ Model: _____

Plate Number: _____ Plate State: _____

Fleet Number: _____ VIN: _____

Village of Libertyville, 118 W. Cook, Libertyville, Illinois 60048 (847)362-2430
www.libertyville.com

Date and Time that the passengers plan to disembark in the Village of Libertyville:

(Note: no event shall be outside of the hours of 8:00 AM to 4:00 PM Monday through Friday, or on any federal, state, or Village of Libertyville holidays)

Date: _____ Time: _____

Destination Address:

List the name, address, or location in the Village of Libertyville where the applicant proposes to allow the passengers to disembark:

Passenger Information:

Attach a list of the full names of passengers who are proposed to disembark in the Village of Libertyville along with copies of identifications for said passengers to the extent that such identification exists or is in possession of the proposed passengers to this application.

Common Carrier Origin:

The name and address of all the locations from which the passengers are being picked-up for transport to the Village of Libertyville.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Receiving Personnel Information:

The name, address, phone number(s), and email address of all entities or individuals who will be present to meet and receive the passengers that plan on disembarking in the Village of Libertyville.

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email: _____

Detailed Written Plan:

Attach a detailed written plan that is signed by the entity or individuals agreeing to be responsible for providing the plan, identifying how the disembarking passengers will be cared for, housed, and fed upon disembarking in the Village of Libertyville to this application.

Additional Information:

Any additional information that the Village Administrator or his/her designee may require if such information is related to the purpose of this application should be attached.

By submitting this application I swear or affirm that to the best of your knowledge, information, and belief that the information provided in this application is true and correct, and such oath or affirmation shall be attested to be a person authorized to administer oaths or witness affirmations within the state or territory where the application is sworn to or affirmed.

Signature of Applicant:

Print Full Name

Signature

Date

Witness (Print Full Name)

Signature

Date:

Please submit the completed application and associated paperwork to the following email kamidei@libertyville.com or fax to 847-3629453.