

AMBULANCE LICENSE APPLICATION

1. Name of Applicant: _____

2. Address of Applicant: _____ Phone: _____

3. Name of Business: (if different) _____

4. Address of Business _____

5. If incorporated, indicate: (a) State and date of incorporation: _____

(b) Shareholders of corporation: _____

6. Describe the training and experience of the applicant in transportation and care of patients.

7. State the following information with respect to each vehicle the applicant proposes to use under the license being sought. (NOTE: An ordinance of the City of Jacksonville requires that the licensee have available at all times within the City limits of the City of Jacksonville a minimum of four (4) ambulances in good operating condition 24 hours per day 7 days per week, manned to meet the minimum requirements for advance life support service as set forth under the E.M.S. Act.

(a) Make of vehicle:

Vehicle I: _____

Vehicle II: _____

Vehicle III: _____

Vehicle IV: _____

(b) Model of vehicle:

Vehicle I: _____

Vehicle II: _____

Vehicle III: _____

Vehicle IV: _____

(c) Year of Manufacture:

Vehicle I: _____

Vehicle II: _____

Vehicle III: _____

Vehicle IV: _____

(d) Motor and Chassis Number:

Vehicle I: _____

Vehicle II: _____

Vehicle III: _____

Vehicle IV: _____

(e) Current State or Federal Aviation Agency License Number:

Vehicle I: _____

Vehicle II: _____

Vehicle III: _____

Vehicle IV: _____

(f) Length of time vehicle has been in use:

Vehicle I: _____

Vehicle II: _____

Vehicle III: _____

Vehicle IV: _____

(g) Color scheme, insignia, name, monogram, or other distinguishing characteristics to be used to designate the vehicle as belonging to applicant:

Vehicle I: _____

Vehicle II: _____

Vehicle III: _____

Vehicle IV: _____

8. State the location and description of the place or places from which the applicant intends to operate:

9. List applicant’s current employees, as well as State Certification Number, date of original certification, and date re-certification is due for each employee.

10. Do you agree that you shall not operate, conduct, maintain, advertise, or otherwise be engaged in the operation of advanced or intermediate life support care without prior written approval of the PMAH-MICU System, the Municipal Ambulance Commission, or the City Council?

11. The following documentation shall be attached to this application:

- a) A statement signed by the Project Director of the PMAH-MICU System that the equipment and personnel of the applicant meet the requirements of the MICU System and that the applicant participates or will participate in that System.
- b) Evidence that the applicant will be covered, during the term of the applied-for license, by an ambulance service professional liability insurance policy and by an accident insurance policy, each in the amount of at least \$500,000.00 per occurrence and annual aggregate in an amount that is acceptable to the license officer.
- c) Either:
 - 1) A written report from the Health Officer of the City of Jacksonville stating that he has inspected the vehicles, equipment, and premises of applicant and finds them in compliance with the Jacksonville Zoning Ordinance; or
 - 2) A copy of the State of Illinois Department of Public Health license, permit, certification, registration sticker and accompanying I.D. card, along with Illinois Department of Public Health, Division of EMS and HS, ambulance inspection form for each vehicle to be operated by the applicant in its Jacksonville operation. The applicant shall also furnish copies of the registration sticker, I.D. card and ambulance inspection form upon renewal of said documents with the State of Illinois during the course of the year.
- d) A certified financial statement of applicant.
- e) Applicant's proposed rate schedule, specifying the charges for services applicant will render if granted the license.

Signature of Applicant

Date