

**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: \_\_\_\_\_



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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.

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Signature of Applicant

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Date