



CITY OF HERRIN
300 N PARK AVE
HERRIN, IL 62948
(618)942-3175

APPLICATION AMBULANCE SERVICE LICENSE

I. APPLICANT/BUSINESS INFORMATION

Name of Applicant: _____

Phone Number: _____

Home Address: _____

Business Address: _____

Business Ownership: _____ Sole Proprietorship _____ Partnership
 _____ Corporation _____ Other (Specify)

If a Corporation, attach copy of Articles of Incorporation; if a partnership and operating under an assumed name, attach Certificate of Business name).

If the Applicant is a corporation, please list names, address and telephone numbers of officers and directors.

Principal Owners: Name, address, and telephone number of all persons owning 10% or more of business and percent owned.

II. LOCATION/DESCRIPTION

A. Location/Proposed Location of business: _____

*Attach proof of Advanced Life Support Systems.

*Attach proof of Insurance Policy or Bond

(If this application is made for a partnership, corporation, or associated, it shall be signed by at least two members of the partnership or the President and Secretary of the Corporation.)

DATE: _____

NAME

Signature and Title

NAME

Signature and Title