



**APPLICATION FOR
UNSCHEDULED BUS
ARRIVALS
UNDER ORD. 2024-001**

Application Fee: \$100.00
FEES ARE NOT REFUNDABLE

Return completed application to:

City of DeKalb Transit Division
Attn: Transit Manager
1216 Market St.
DeKalb, IL 60115
Email:
transitadministration@cityofdekalb.com
Please call (815) 748-2370 with
questions regarding this application.

All unscheduled buses intending to provide for the disembarkation of 10 or more passengers must use this application form and receive approval from the City of DeKalb, Illinois prior to loading/unloading any passengers within the City limits. **Return the completed form to the email listed above.**

APPLICANT INFORMATION

Bus Company Name: _____

Bus Company Address: _____

Bus Company State of Incorporation: _____

Primary Bus Company Contact Name: _____

Title/Position of Primary Contact: _____

Primary Contact Phone: _____

Primary Contact Email: _____

Bus Driver Information

	Driver 1	Driver 2
Full Name (Including Middle)	_____	_____
Date of Birth	_____	_____
Cell Phone Number	_____	_____
Driver License Number	_____	_____
State of Issuance	_____	_____
Expiration Date	_____	_____

Other employees (Bus Company or 3rd party contractors or individuals) responsible for the transportation of passengers (attach a separate page if needed):

Owner or Manager: _____ Primary Contact Phone: _____

Email: _____

Full Name of any 3rd Parties: _____ Primary Contact Phone: _____

Email: _____

PASSENGER INFORMATION

- (A) The Applicant **must** attach a proposed passenger list of all proposed passengers (including any employees of a 3rd party involved in the transportation of passengers) to this Application. Passenger list must include the full name, known address(es) and telephone number(s) of all persons who are intending to disembark from the bus into the City of DeKalb.
- (B) Any passenger or 3rd party employee/individual not listed on the Application who exits the bus will be considered in violation of City Ordinance and will result in a fine, per person, assessed to the bus operator.

ARRIVAL INFORMATION

Proposed arrival date, time, and location. Times shall be from 8:00 am to 5:00 pm on Monday through Friday, excluding federal, state or City holidays.

Proposed Arrival Date: _____ Proposed Arrival Time: _____

Proposed Arrival Location (location name, address, and physical location:

*(*Must be at least 10 business days from the date of application submission)*

USDOT of bus: _____

Bus license plate and State: _____

Applicant must also attach a list of all persons who shall be present in the City of DeKalb to meet and receive the passengers. This list must include full name, telephone number, and email address of those individuals.

Any unscheduled bus that allows passengers to disembark outside of these days and hours will be considered in violation of the City Ordinance and will result in a fine, per person, assessed to the bus operator, and seizure and impoundment of the bus.

RE-EMBARKING INFORMATION

Proposed re-embarking date, time, and location. Times shall be from 8:00 am to 5:00 pm on Monday through Friday, excluding federal, state or City holidays.

Proposed Re-Embarking Date: _____ Proposed Re-Embarking Time: _____

Proposed Re-Embarking Location (location name, address, and physical location:

USDOT of bus: _____

Bus license plate and State: _____

AUTHORIZATION FROM THE HEAD OF PUBLIC BODY INITIATING TRANSFER

The Applicant **must** provide an order authorizing the transfer of the proposed passengers which is executed by the head of the public body which has initiated the transfer via unscheduled bus. **No application shall be processed without a copy of the authorizing order.**

ADDITIONAL REQUIREMENTS

Please provide a detailed plan identifying how the disembarking Bus passengers will be cared for, housed, and fed upon disembarking in the City of DeKalb for a period of not less than thirty (30) consecutive days. The plan shall be signed by the entity that agrees to be responsible for providing the actions detailed in the plan. Also include any additional information that the Transit Manager may require in the evaluation of your application. Please include additional pages if necessary.

If approved, the Transit Manager shall provide the applicant with instructions to coordinate the arrival of the Bus in the City. If the Application is denied, the Transit Manager shall provide the reason(s) for the denial in writing. If the Application is denied, the applicant may file a written appeal of the denial to the City Manager within 3 calendar days of the denial.

A person found liable of a violation under this Section and pursuant to the administrative hearing procedure provided by Chapter 17 of this Code shall be subject to a mandatory minimum fine of \$1,000.00 per violation for each day of the violation, plus \$1,000.00 per each passenger of the Bus, plus court costs, plus restitution of all costs proximately caused by a violation including, but not limited to, the costs incurred by the City to provide services to the passengers of an Unscheduled Bus Stop (e.g., police, fire, housing, food, and transportation costs.) Additionally, if a police officer has probable cause that a Bus was used in violation of this Section, the Bus shall be seized, towed, and impounded pursuant to the procedures provided by Chapters 17 and 35 of this Code.

CERTIFICATION

The undersigned, being duly sworn, hereby certifies under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge.

Applicant's Signature

Date

Applicant's Name – Typed or Printed

Title

City of DeKalb Use only:

Date Received: _____ *Time Received:* _____ *How received:* _____

Signature of City Official: _____ ☐ *Approved* or ☐ *Denied*

Name and Title of City Official: _____