

# Truck Route Permit Application Form

## Village of Heyworth

108 S. Buchanan Street  
P.O. Box 439  
Heyworth, IL 61745-0439  
P: (309) 473-2811  
F: (309) 473-2291



### THE VILLAGE OF HEYWORTH TRUCK ROUTE PERMIT APPLICATION FORM

A Truck Route Permit is required for any person desiring to operate or move a vehicle or combination of vehicles of a size or weight of vehicle or load exceeding the maximum specified by statute or ordinance or otherwise not in conformity with state statute or ordinance upon any highway of the Village not defined as a truck route. **If a determination is made that answers on this form are untrue, incomplete or deceptive, the permit may be denied and fines may be imposed.**

**Applicant/Business Name:** \_\_\_\_\_

**Business Location Address:** \_\_\_\_\_  
\_\_\_\_\_

**Business Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_    **Fax #:** (    ) \_\_\_\_\_ - \_\_\_\_\_

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

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**Form of Business Organization** (if applicable):

Corporation       Limited Liability Company       Partnership       Individual

**Date of Organization:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **State of Organization:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_ - \_\_\_\_\_

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**Applicant Information:** (Person Completing this Form)

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

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

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

**DL#:** \_\_\_\_\_

Street Address

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

City, State, Zip

**Phone #:** (    ) \_\_\_\_\_

**Cell #:** (    ) \_\_\_\_\_

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

**Fax #:** (    ) \_\_\_\_\_

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1. What is the reason or purpose for which the permit is being requested? \_\_\_\_\_  
\_\_\_\_\_
2. Is the permit being requested for a single trip or for limited continuous operation? \_\_\_\_\_  
\_\_\_\_\_
3. Specify the dates for which the permit is being requested.  
Dates of Operation: \_\_\_\_/\_\_\_\_/20\_\_\_\_ through \_\_\_\_/\_\_\_\_/20\_\_\_\_
4. Provide the make, model, year, license plate number and description of the vehicle(s).  
\_\_\_\_\_
5. Specifically describe and identify the load to be operated or moved.  
\_\_\_\_\_  
\_\_\_\_\_
6. Specifically describe the route requested including the points of origin and destination.  
\_\_\_\_\_  
\_\_\_\_\_
7. Are the vehicles or loads being transported for hire? Yes / No
8. Are you an authorized carrier under the Illinois Commercial Transportation Law? Yes / No  
If "Yes", attach a cop of your certificate and registration or permit number issued by the Illinois Commerce Commission.

### ACKNOWLEDGEMENT

I, \_\_\_\_\_, (full name printed) swear or affirm under penalty of law that I have read and understood all of the questions in this Application and that all of the foregoing information and statements submitted in this Application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.

**I further agree to provide written notice to the Village of Heyworth of any material change in the information contained in the original application within 30 calendar days of such change (e.g. ownership, address, telephone number, etc.)**

**ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL  
BE GROUNDS FOR DENIAL OF A PERMIT**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date