STATE OF ILLINOIS)
) SS
COUNTY OF DUPAGE)

TRANSPORTER AFFIDAVIT

The undersigned, being first duly sworn, state that that statements made herein are true to the best of my/our knowledge, correct and belief, and that with the knowledge that the affidavit is made for the purpose of satisfying the Transporter License requirements:

1. That I own and operate a business by the name of _____ ("Business"), located at _____ ("Subject Property") in Wood Dale, IL.

2. That the activities of the Business at the Subject Property include (select all that apply):
   - ☐ Transporting freight, where vehicles pick-up and/or drop-off at the Subject Property.
   - ☐ Organizing, scheduling or otherwise arranging transportation of freight, including, but not limited to, freight dispatch services.

3. The vehicles used to transport freight in support of the Business are (select all that apply):
   - ☐ Owned by the Business.
   - ☐ Contracted by a third-party and the company or companies used have all their relevant contact information listed on the vehicle information submitted hereto dated _____ and I have notified the contracted company(ies) of the transporter license requirements.
   - ☐ Stored on the Subject Property in accordance with the site plan dated _____ and as set forth on the list of vehicle information submitted hereto dated _____. All vehicles are operated by licensed individual(s) and insured as required by Section 4.310 of the Wood Dale Municipal Code.
   - ☐ NOT stored on the Subject Property and the relevant transporter contact information has been submitted hereto dated _____. All vehicles are operated by licensed individual(s) and insured as required by Section 4.310 of the Wood Dale Municipal Code.
   - ☐ Not applicable – vehicles used in the transportation of freight do not operate out of or ever stop at the Subject Property.

4. I/we understand and acknowledge that that the consequence(s) of providing inaccurate information may lead to citations and/or revocation of my/our Transporter license.

Date: _____

_____
Business Owner/ Representative

Subscribed and sworn to me before this

_____ day of _____

_____
Notary Public (SEAL)