

City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608 312-746-4200 · BACPPV@CITYOFCHICAGO.ORG · www.Chicago.gov/PublicVehicles

2024-2025 COMMERCIAL PASSENGER VESSEL RENEWAL APPLICATION March 5, 2024

Compliance with State of Illinois and City of Chicago Laws is Mandatory

Commercial Passenger Vessel (CPV) companies must be in Good Standing with the State of Illinois (ilsos.gov).

In addition, specific business activity may require other licenses, permits, or certifications.

- Liquor service aboard the vessel requires a State of Illinois Liquor License.
- Food service aboard the vessel requires a Chicago Department of Public Health Certificate of Registration in food handling and sanitation which must be present during preparation and serving. Food preparation areas and carving stations on the vessel must maintain Chicago Department of Public Health sanitary conditions.

Current CPV licenses expire on April 30, 2024. The upcoming license term is from May 1, 2024, to April 30, 2025. Submit your completed, dated, and signed renewal application along with all required documents in person or via email to BACPPV@cityofchicago.org. Only complete applications submitted by licensees that have resolved City of Chicago debt and holds will be reviewed. Submit your application before April 22, 2024, to ensure timely renewal.

Only an individual licensee, a registered corporate officer or LLC member, or an Illinois licensed attorney authorized by the licensee may renew a CPV license on behalf of the licensee.

Visit Chicago.gov/PublicVehicles for facility hours, walk-in service times, and appointment scheduling.

L.	LEGAL ENTITY NAME:
2.	LEGAL ENTITY TYPE:
3.	BUSINESS STREET ADDRESS:
4.	CITY/STATE/ZIP:
5.	PRIMARY BUSINESS PHONE#:
5.	EMAIL ADDRESS:
7.	STATE OF INCORPORATION: DATE OF INCORPORATION:
3.	FEIN #:
9.	INFORMATION OF THE PERSON COMPLETING THIS LICENSE APPLICATION
	a. NAME:
	b. PHONE NUMBER:
	c. E-MAIL:
	d. RELATIONSHIP WITH ENTITY LISTED IN QUESTION 1:

10.		NSURANCE COMPANY NAME:
		. INSURANCE CONTACT PERSON:
		. PHONE NUMBER:
		. E-MAIL:
11.		IST <u>ALL</u> CPVs OPERATING PURSUANT TO THIS LICENSE APPLICATION (List and submit additional nformation on a separate page if needed):
		. Vessel/Boat Name #1:
		USCG Documentation #:
		IL Watercraft Registration #:
		Legal Passenger Capacity #:
	b	Vessel/Boat Name #2:
		USCG Documentation #:
		IL Watercraft Registration #:
		Legal Passenger Capacity #:
12.		IST <u>ALL</u> INDIVIDUALS AUTHORIZED TO CAPTAIN APPLICANT'S CPVs (List and submit additional nformation on a separate page if needed):
		. Captain Name #1:
		USCG Captain License #:
		. Captain Name #2:
		USCG Captain License #:
Und	de	r penalties as provided by law, including, but not limited to, Chapter 1-21 of the Municipal Code of the City of Chicago, I certify that the above statements are true and correct.
SIG	iN	ATURE:
		NAME AND TITLE:
DA		:
		-BACP ONLY-
APF	Pļ	OVED BY STAFF: DATE APPROVED:
CPl	/	ICENSE #: IRIS #:



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COMPANY OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

COMPANY NAME:	
LICENSE NUMBER(S):	.
Full Name:	
Home Address:	
City/State/Zip:	
Primary Contact Phone Number:	
Personal Email Address:	
Title(s):	
Stock/Ownership Percentage:	%
Driver's License #:	State of Issuance:
Social Security #:	Birth Date:
Social Security #:	Birth Date:
Social Security #: Full Name:	
Full Name:	
Full Name:	
Full Name: Home Address: City/State/Zip:	
Full Name: Home Address: City/State/Zip: Primary Contact Phone Number:	
Full Name: Home Address: City/State/Zip: Primary Contact Phone Number: Personal Email Address:	
Full Name:	%

This form may be duplicated if additional space is required.