1. LEGAL ENTITY NAME: ____________________________

2. LEGAL ENTITY TYPE: ____________________________

3. BUSINESS STREET ADDRESS: ____________________________

4. CITY/STATE/ZIP: ____________________________

5. BUSINESS PHONE#: ____________________________ CELL PHONE#: ____________________________
   EMAIL ADDRESS: ____________________________

6. STATE OF INCORPORATION: ______ DATE OF INCORPORATION: ____________________________

7. FEIN #: ____________________________

8. NAME & CONTACT NUMBER OF PERSON COMPLETING THIS LICENSE APPLICATION:
   ____________________________ PHONE#: ____________________________

9. RELATIONSHIP OF PERSON LISTED IN #1 WITH LICENSE APPLICANT: ____________________________

10. IS CORPORATION IN GOOD STANDING IN THE STATE OF ILLINOIS? YES/NO: ______

11. Will you serve food aboard your vessel? _______. If YES, a person who holds a Department of Health Certificate of Registration in food handling and sanitation must be present during preparation and serving.

12. Will you maintain a preparation area or carving station aboard your vessel? _______. If YES, the area, equipment and utensils shall be maintained in a sanitary condition in accordance with the rules and regulations of the Board of Health.

13. Will you serve liquor aboard your vessel? ______. If YES, please indicate your state liquor license number. ____________________________.

14. LIST ALL CPVs OPERATED PURSUANT TO THIS LICENSE APPLICATION (List and submit additional on a separate page):

   (1)
   Vessel/Boat Name ____________________________ Legal Passenger Capacity ____________________________
   USCG Documentation # ____________________________ IL Watercraft Registration # ____________________________

   (2)
   Vessel/Boat Name ____________________________ Legal Passenger Capacity ____________________________
   USCG Documentation # ____________________________ IL Watercraft Registration # ____________________________
Vessel/Boat Name: __________________________________________ Legal Passenger Capacity: __________________

USCG Documentation #: ___________________________ IL Watercraft Registration #: __________________

15. LIST NAMES OF ALL INDIVIDUALS AUTHORIZED TO CAPTAIN APPLICANT’S CPVs (List and submit additional on a separate page):

(1) Captain Name: __________________________ USCG Captain License #: __________________

(2) Captain Name: __________________________ USCG Captain License #: __________________

(3) Captain Name: __________________________ USCG Captain License #: __________________

16. INSURANCE COMPANY NAME: ____________________________________________________________

ADDRESS: ____________________________________________________________________________

PHONE NUMBER: ___________________________/EMAIL: __________________________

Under 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.

SIGNATURE: __________________________________________________________________________

PRINT NAME: __________________________________________________________________________

TITLE: ______________________________________________________________________________

****TO BE COMPLETED BY BACP STAFF*****

APPROVED BY:_________________________ DATE APPROVED:_________________________

BACP STAFF:_________________________ IRIS ACCOUNT#:_________________________

CPV LICENSE #:_________________________
CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

Please Print All Information

COMPANY NAME:________________________________________________________

LICENSE NUMBER(S):_____________________________________________________

Articles of Incorporation/Organization File#:________________ Date Filed:________

Name:________________________________________________________ Birth Date:________

Address:________________________________________________________City/State/Zip:____________

Business Number: (_____)________________________ Cell Number: (_____)________________________

Email Address:________________________________________________________

Title(s):____________________________________________________________________

Driver’s License #:________________________________________________________ State of Issuance:______

Social Security #:____________-____________-____________

Stock/Ownership Percentage:________________________%

Name:________________________________________________________ Birth Date:________

Address:________________________________________________________City/State/Zip:____________

Business Number: (_____)________________________ Cell Number: (_____)________________________

Email Address:________________________________________________________

Title(s):____________________________________________________________________

Driver’s License #:________________________________________________________ State of Issuance:______

Social Security #:____________-____________-____________ Stock/Ownership Percentage:________%

This form may be duplicated if additional space is required.