



# 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](mailto:BACPPV@CITYOFCHICAGO.ORG) · [CHICAGO.GOV/BACP](http://CHICAGO.GOV/BACP)

## COMMERCIAL PASSENGER VESSEL INITIAL LICENSE APPLICATION v.d. 3.8.2021

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 #

(3) \_\_\_\_\_  
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: \_\_\_\_\_  
BACP STAFF DATE APPROVED

CPV LICENSE #: \_\_\_\_\_ IRIS ACCOUNT# \_\_\_\_\_

Please Print All Information

CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

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.