



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

COMMERCIAL PASSENGER VESSEL LICENSE APPLICATION - NEW v.d. 4.21.2025

1. LICENSEE (COMPANY) NAME: _____
2. BUSINESS STREET ADDRESS: _____
3. CITY/STATE/ZIP: _____
4. BUSINESS PHONE#: _____
5. CELL PHONE#: _____
6. EMAIL ADDRESS: _____
7. STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____
8. FEIN #: _____
9. Name & contact number of person completing this license application:
Name: _____ Phone#: _____
Email address: _____
10. Relationship of person listed in #1 with license applicant: _____
11. Is the company in good standing in the state of Illinois? Yes/No: _____
12. 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.
13. 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.
14. Will you serve liquor aboard your vessel? _____ If YES, please indicate your state liquor license number. _____.

15. LIST ALL COMMERCIAL PASSENGER VESSELS (CPV) THAT WILL BE OPERATED PURSUANT TO THIS LICENSE APPLICATION (This page may be duplicated for additional vessels):

Vessel Name #1: _____

USCG Documentation #: _____

IL Watercraft Registration #: _____

Legal Passenger Capacity #: _____ *

If applying for a license with a passenger capacity number less than legal capacity, enter number of total passengers for hire: _____ *

** Any vessel carrying over 6 passengers for hire must submit a current USCG Certificate of Inspection.*

Vessel Weight: _____ net tons.*

** Any vessel of at least five net tons MUST submit a current USCG Certificate of Documentation.*

Address where boat is docked: _____ CHICAGO, IL _____

** Copy of current lease or mooring permit must be submitted.*

Vessel Name #2: _____

USCG Documentation #: _____

IL Watercraft Registration #: _____

Legal Passenger Capacity #: _____ *

If applying for a license with a passenger capacity number less than legal capacity, enter number of total passengers for hire: _____ *

** Any vessel carrying over 6 passengers for hire must submit a current USCG Certificate of Inspection.*

Vessel Weight: _____ net tons.*

** Any vessel of at least five net tons MUST submit a current USCG Certificate of Documentation.*

Address where boat is docked: _____ CHICAGO, IL _____

** Copy of current lease or mooring permit must be submitted.*

Vessel Name #3: _____

USCG Documentation #: _____

IL Watercraft Registration #: _____

Legal Passenger Capacity #: _____ *

If applying for a license with a passenger capacity number less than legal capacity, enter number of total passengers for hire: _____ *

** Any vessel carrying over 6 passengers for hire must submit a current USCG Certificate of Inspection.*

Vessel Weight: _____ net tons.*

** Any vessel of at least five net tons MUST submit a current USCG Certificate of Documentation.*

Address where boat is docked: _____ CHICAGO, IL _____

* Copy of current lease or mooring permit must be submitted.

16. 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 #
(4) _____ Captain Name	_____ USCG Captain License #
(5) _____ Captain Name	_____ USCG Captain License #

17. INSURANCE COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____/EMAIL: _____

COMPANY OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

(This section may be duplicated to add additional names if needed)

COMPANY NAME: _____

Full Name: _____

Home Address: _____

City/State/Zip: _____

Personal Phone Number: _____

Personal Email Address: _____

Title(s): _____

Stock/Ownership Percentage: _____ %

Driver's License #: _____ State of Issuance: _____

Social Security #: _____ Birth Date: _____

Full Name: _____

Home Address: _____

City/State/Zip: _____

Personal Phone Number: _____

Personal Email Address: _____

Title(s): _____

Stock/Ownership Percentage: _____ %

Driver's License #: _____ State of Issuance: _____

Social Security #: _____ Birth Date: _____

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: _____ DATE SIGNED: _____

PRINT NAME AND TITLE: _____