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

2025-2026 COMMERCIAL PASSENGER VESSEL RENEWAL APPLICATION

March 12, 2025

Compliance with Federal, 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, 2025. The upcoming license term is from May 1, 2025, to April 30, 2026. 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 21, 2025, 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.

1. **LICENSEE NAME (COMPANY):** _____
2. **REGISTERED DBA WITH STATE OF ILLINOIS (If Any):** _____
3. **IRIS NUMBER:** _____
4. **BUSINESS STREET ADDRESS:** _____
5. **CITY/STATE/ZIP:** _____
6. **PRIMARY BUSINESS PHONE#:** _____
7. **BUSINESS EMAIL ADDRESS:** _____
8. **STATE OF INCORPORATION:** _____
9. **NUMBER OF BOATS ON THIS APPLICATION:** _____
10. **INFORMATION OF THE PERSON COMPLETING THIS LICENSE APPLICATION**
    a. **NAME:** _____
    b. **PHONE NUMBER:** _____
    c. **E-MAIL:** _____

d. **RELATIONSHIP WITH ENTITY LISTED IN QUESTION 1:** _____

11. **INSURANCE COMPANY NAME:** _____

    a. **INSURANCE CONTACT PERSON:** _____

    b. **PHONE NUMBER:** _____

    c. **E-MAIL:** _____

12. **LIST ALL CPVs OPERATING PURSUANT TO THIS LICENSE APPLICATION (This section may be duplicated to add additional vessels if needed):**

    a. **Vessel/Boat Name #1:** _____

       USCG Documentation #: _____

       IL Watercraft Registration #: _____

       Legal Passenger Capacity #: _____

       Address where boat is docked: _____

    b. **Vessel/Boat Name #2:** _____

       USCG Documentation #: _____

       IL Watercraft Registration #: _____

       Legal Passenger Capacity #: _____

       Address where boat is docked: _____

    c. **Vessel/Boat Name #2:** _____

       USCG Documentation #: _____

       IL Watercraft Registration #: _____

       Legal Passenger Capacity #: _____

       Address where boat is docked: _____

13. **LIST ALL INDIVIDUALS AUTHORIZED TO CAPTAIN APPLICANT'S CPVs (This section may be duplicated to add additional vessels if needed):**

    a. **Captain Name #1:** _____

       USCG Captain License #: _____

    b. **Captain Name #2:** _____

       USCG Captain License #: _____

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:_____

-BACP ONLY-

APPROVED BY STAFF:_____ DATE APPROVED:_____

LICENSE FEE: $_____ IRIS #:_____

Number of Boats under 20:_____ Number of Boats 20 or more:_____

DATE LICENSE ISSUED & MANNER:_____