



# 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/PublicVehicles](http://Chicago.gov/PublicVehicles)

### WAV TAXI "OWNER-OPERATOR" SUBSIDY REQUEST (September 19, 2023)

- **FOLLOW INSTRUCTIONS: Missing/Incomplete information & documents will result in Delay/Denial.** This subsidy is limited to Wheelchair Accessible Vehicle (WAV) Taxi Medallion License Holders who meet the Municipal Code of Chicago section 9-112-010 definition of an "Owner-Operator". See [amlegal.com](http://amlegal.com).
- "Owner-Operator" means a licensee that (1) owns or controls no more than one taxicab medallion license and (2) who certifies that no chauffeur other than the individual license holder, his spouse, or his natural or legally adopted child will operate and drive the taxicab. If the medallion license holder is a corporate entity, the 100 percent shareholder and/or the listed president of the corporate entity is considered the licensee for "owner- operator" status.
- To qualify for this subsidy, an Owner-Operator: **(1)** must have both active taxi medallion and taxi chauffeur licenses in good standing; **(2)** must be in compliance with all City of Chicago laws, including debt compliance; and **(3)** must complete a minimum of 40 Centralized WAV Taxi Dispatch (CURB) trips per month.
- Requests for subsidy must be submitted on a monthly basis. Examples: In December, submit a request for November subsidy. In January, submit a request for December subsidy.
- A WAV Taxi Owner Operator can qualify for a subsidy in the amount of \$25.00 per day that WAV taxi is operated performing passenger trips.
- WAV Taxi Owner Operator must submit this completed form (**one form per month**) to [BACPPV@CITYOFCHICAGO.ORG](mailto:BACPPV@CITYOFCHICAGO.ORG) to request eligible incentive subsidies as an "Owner-Operator" of a WAV taxicab. Write "Attn: WAV Taxi Owner Operator Subsidy" in the e-mail subject line. Alternative to e-mail, forms and documents may be delivered to Public Vehicle Operations Division, 2350 W. Ogden, 1<sup>st</sup> floor, Chicago, IL, 60608. on the delivery envelope write "Attn: WAV Taxi Owner Operator Subsidy".

#### WAV TAXI OWNER OPERATOR INFORMATION

First and Last Name: \_\_\_\_\_

Chauffeur License # \_\_\_\_\_ WAV Taxi Medallion License #: \_\_\_\_\_

I am requesting WAV Taxi Owner-Operator incentive subsidy for the month of \_\_\_\_\_  
(month Year)

During the above listed month, I operated my WAV Taxi for \_\_\_\_\_ days as an owner-operator.

If your WAV Taxi was surrendered during the above listed month, list the number of days surrendered: \_\_\_\_\_

#### SIGNATURE AND AFFIRMATION INFORMATION

I affirm that all the information and statements made on this form and on the attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me on this subsidy application or attachments (intentional or unintentional) may result in the denial of the request submitted and/or applicable penalties; including, but not limited to, revocation of the taxicab chauffeur license listed on this reimbursement form. Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the MCC, I certify that the above statements are true and correct.

Email address: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date signed \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(street address, unit#, city, state, zip code) – **Check will be mailed to listed address**

\*\*\*\*\* SECTION BELOW RESERVED FOR BACP STAFF \*\*\*\*\*

Date: \_\_\_\_\_ Decision by: \_\_\_\_\_ (Name/Title)

Approved Amount: \$ \_\_\_\_\_ If Denied, Why?: \_\_\_\_\_