



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 · CHICAGO.GOV/BACP

TAXICAB AFFILIATION INITIAL LICENSE APPLICATION CHECKLIST v.d 9.8.2022

Applicant: _____

The following documents must be submitted with your AFFILIATION LICENSE application:

1. Fully completed, executed and notarized Application for Taxicab Affiliation License;
2. Certificate of Good Standing or Active status File Detail Report from Secretary of State that is less than 30 days old;
3. Articles of Incorporation/Organization for the company; or proof of other ownership structure;
4. Corporate minutes/operating agreement listing all officers, shareholders, owners, directors, and/or members and percentage of ownership;
5. Proof in the form of a lease or property tax record indicating the affiliation's principal place of business is in the City of Chicago (cell phone bills will not be accepted);
6. Written description of the dispatch system, including hours of operation, and, if applicable, a copy of the contract for two-way taxicab dispatch services;
7. One sample copy of proposed affiliation agreement between the affiliation and affiliates, including an itemized list of all proposed fees to be charged to the affiliate;
8. List of all services provided by the affiliation that are not included in the affiliation agreement, if applicable;
9. 8^{1/2} x 11 **color photo** or illustration of color scheme and trade emblem to be used by all affiliated taxicabs;
10. Letter detailing your company's parking plan for taxicabs;
11. List of all proposed affiliates in alphabetical order by company name, listing all cab numbers for that company. Include the affiliates company name, owner name, home address and home phone or cell phone number;
12. Annual fee for an Affiliation License is \$500.00 plus \$5.00 for each public passenger vehicle license affiliated with the affiliation at the time of licensing (regardless of status);



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IRIS Account # _____ (BACP Staff)

Company Name: _____

Business Address: _____
_____ CHICAGO, IL ZIP CODE _____

Dispatch Phone Number: _____

Business Phone Number: _____

Business E-Mail Address: _____

Business Web Site: _____

CHILD SUPPORT COMPLIANCE

Has any person who directly or indirectly owns 25% or more of this company been declared in arrears on any child support obligations by any court? Check One: Yes (_____) No (_____)

If "Yes", list the person's name: _____

Position in the company: _____

Docket number: _____ Amount Delinquent: \$ _____

1. Contact for general affiliation matters: Name: _____

Phone: _____ Email: _____

Contact for general affiliation matters: Name: _____

Phone: _____ Email: _____

Contact for insurance matters: Name: _____

Phone: _____ Email: _____

Contact for insurance matters: Name: _____

Phone: _____ Email: _____

Contact for BACP lease requests: Name: _____

Phone: _____ Email: _____

24-hour contact for BACP: Name: _____

Phone: _____ Email: _____

2. List names of all managers/agents that will do business on behalf of the affiliation at BACP. Attach a copy of their driver's license or other photo identification.

3. Number of affiliates to be registered; include all affiliates regardless of current status: _____. Attach a list of all proposed affiliates. Data should be provided in a soft Excel format. List should be in alphabetical order by cab company name. Include the proposed affiliated taxicab's company name, owner name, home address and home phone number or cell phone number;

4. Attach a written description of the taxicab two-way dispatch system to be used in the upcoming licensing year and a copy of the contract for service. Complete the following information:

Name of Taxicab Two-Way Dispatch Service Company: _____

If applicable, FCC License Number: _____ Expiration date: _____

5. Number of affiliates operating a wheelchair accessible vehicle (WAV) taxicab: _____. List the affiliated WAV taxicabs (use a separate sheet if needed):

Taxicab Company Name: _____ Medallion #: _____

Taxicab Company Name: _____ Medallion #: _____

Taxicab Company Name: _____ Medallion #: _____

Taxicab Company Name: _____ Medallion #: _____

6. Name(s) and contact information of the credit card processing company contracted by the affiliation to provide credit card processing services for its affiliated taxicab companies.

Name: _____

Contact Information: _____

7. Name(s) and contact information of the CHICABS processing company contracted by the affiliation's members to provide APP services for its taxicabs.

Company Name: _____

Contact Information: _____

8. Describe your company's off street parking plan. Submit a separate sheet and maps if necessary. List number of parking spots on premise: _____

9. Describe your company's policy and procedure for terminating members: _____

10. Name and contact information for all insurance companies used:

Insurance Company Name: _____ Contact Name: _____

Insurance Type: _____ Agent/Contact Email: _____

Agent Name: _____ Agent Phone Number: _____

Insurance Company Name: _____ Contact Name: _____

Insurance Type: _____ Agent/Contact Email: _____

Agent Name: _____ Agent Phone Number: _____

11. Has Any Officer, Director, Member, Shareholder or Owner of this company ever had any state or city license suspended or Revoked? (Indicate Yes Or No): _____

11a. If Yes, List Person's name, License No. and License Type: _____

Date Suspended or Revoked & Charge: _____

12. Has Any Officer, Director, Member, Shareholder or Owner of this company been convicted of a crime within the last ten (10) years? (Indicate Yes Or No): _____

12a. If Yes, list Defendant's Name: _____

Type of Offense: _____

Date of Conviction: _____ City: _____ State: _____

13. List Any Pending Criminal Cases against any Officer, Director, Member, Shareholder or Owner:

13a. Defendant's Name: _____

Type of Offense and Next Court Date: _____

Court Where Pending: _____

CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

Name: _____ Birth Date: _____

Home Address: _____ City/State/Zip: _____

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

Email Address: _____

Title(s): _____

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

Social Security Number: _____ - _____ - _____

Stock/Ownership Percentage: _____ %

Name: _____ Birth Date: _____

Home Address: _____ City/State/Zip: _____

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

Email Address: _____

Title(s): _____

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

Social Security Number: _____ - _____ - _____

Stock/Ownership Percentage: _____ %

Name: _____ Birth Date: _____

Home Address: _____ City/State/Zip: _____

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

Email Address: _____

Title(s): _____

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

Social Security Number: _____ - _____ - _____

Stock/Ownership Percentage: _____ %

This form may be duplicated if additional space is required.

ANY CHANGES MADE TO THE INFORMATION CONTAINED IN THIS APPLICATION MUST BE REPORTED IN WRITING TO BACP WITHIN FORTY-EIGHT HOURS OF THE CHANGE.

▶ I am submitting this form in order to apply for the above referenced license.

▶ I understand that I am subject to prosecution by the City of Chicago if any of the statements above or documents submitted as part of this application are found to be false, either wholly or partially. Prosecution by the City of Chicago for false or misleading statements, or any misrepresentation made on this form or any other form may result in a rescission or revocation of any or all City of Chicago licenses issued to me or this company.

▶ 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 / RELATIONSHIP TO APPLICANT: _____

PHONE NUMBER: _____ DATE: _____

EMAIL: _____

DO NOT WRITE BELOW THIS LINE.

APPROVED BY:

BUSINESS AFFAIRS AND CONSUMER PROTECTION

DATE APPROVED

Notes: _____
