



**BICYCLE MESSENGER SERVICE
LICENSE APPLICATION FOR
LEGAL ENTITIES**

**CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS &
CONSUMER PROTECTION**
PUBLIC VEHICLE OPERATIONS DIVISION
2350 W. Ogden Avenue, 1st. Floor
TEL: 312-746-4300 Fax: 312-746-9406
Email: BACPPV@cityofchicago.org
Web: www.cityofchicago.org/bacp

Please Print all Information

- 1. DEPARTMENT OF REVENUE IRIS ACCOUNT NUMBER _____
- 2. BICYCLE MESSENGER SERVICE LICENSE NUMBER BMS- ____(for office use only)
- 3. NAME OF LICENSE HOLDER: _____

DOING BUSINESS AS: _____

- 4. STREET ADDRESS: _____
- 5. CITY/STATE/ZIP: _____

6. Note: *Include where *indicated the name of the contact person*
PHONE NUMBER:

- *BUS () _____ (CONTACT PERSON)
- *HOME () _____ (CONTACT PERSON)
- *CELL () _____ (CONTACT PERSON)
- *FAX () _____ (CONTACT PERSON)

7. COLOR OR COLORS USED FOR SAFETY VEST OR OTHER SAFETY GARMENT:

8. IDENTIFICATION NUMBER OR LETTERS ASSIGNED TO BICYCLE MESSENGER:

9. INSURANCE INFORMATION: (Attach Certificate of Insurance)

COMPANY NAME: _____

ADDRESS: _____

POLICY NUMBER: _____

PROOF OF WORKMEN'S COMPENSATION: _____

10. TOTAL NUMBER OF BICYCLE MESSENGERS: _____

I hereby certify that all statements made as part of this application and any attachments herein, are true to the best of knowledge and belief.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____



CITY OF CHICAGO
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PUBLIC VEHICLE OPERATIONS DIVISION
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CORPORATE OFFICERS, SHAREHOLDERS,
MEMBERS & OWNERS FORM

Please Print all Information

COMPANYNAME: _____

LICENSENUMBER(S): _____

Articles of Incorporation/Organization File#: _____ Date

Filed: _____

Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

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

EmailAddress: _____

Title(s): _____

Drivers License #: _____

State of Issuance: _____ Social Security #: _____ - _____ - _____

Stock/Ownership Percentage: _____% Chauffer License #: _____

Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

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

EmailAddress: _____

Title(s): _____

Drivers License #: _____

State of Issuance: _____ Social Security #: _____ - _____ - _____

Stock/Ownership Percentage: _____% Chauffer License #: _____



CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS &
CONSUMER PROTECTION
PUBLIC VEHICLE OPERATIONS DIVISION
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INDEBTEDNESS AFFIDAVIT

I, _____, being duly sworn on oath, state that the following statements are true and correct to the best of my knowledge and belief:

1. My full legal name is: _____
2. My home address is: _____
3. My home phone number is: _____
4. My work phone number: _____
5. My drivers license is: _____
6. My social security number is: _____
7. My date of birth is: _____
8. The applicant either owes no debt to the City of Chicago and has no outstanding parking violation complaints issued to any vehicle owned by the applicant or has disclosed those obligations below.
9. The applicant has listed immediately below all debts owed by the applicant to the City of Chicago and all outstanding parking violation complaints issued to any vehicle owned by the applicant.

Description of Debt	Date of Occurrence	Amount
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10. If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is _____.
11. I agree to have the information provided in this affidavit audited by the Department of Business Affairs and Consumer Protection for the purposes of assuring that any child support obligation or debt to the City of Chicago that I may have now or in the future, is met.

I understand that I may be prosecuted by the Department of Business Affairs and Consumer Protection if any of the above statements are found to be false, either wholly or partially.

I further understand that in addition to being prosecuted by the City for false or misleading statements on this affidavit, that any misrepresentation made on this affidavit may result in a three-year period of ineligibility with the City.

Under the penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.

Signed: _____ Date: _____

Print Name:

Title: _____

1-21-010 False Statements. Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly falsifies any statement of material fact made in connection with an application, report, affidavit, oath, or attestation, including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the city for a civil penalty of not less than \$500.00 and not more than \$1,000.00, plus up to three times the amount of damages which the city sustains because of the person's violation of this section. A person who violates this section shall also be liable for the city's litigation and collection costs and attorney's fees. The penalties imposed by this section shall be in addition to any other penalty provided for in the municipal code.

1-21-020 Aiding and Abetting. Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation.

1-21-030 Enforcement. In addition to any other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings.

Application Review: _____ Staff
Initials/Date

Approval: _____ Staff
Initials/Date