



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.CITYOFCHICAGO.ORG/BACP

COMMERCIAL PASSENGER VESSEL (CPV) INITIAL LICENSE APPLICATION

1. LEGAL ENTITY NAME: _____
2. LEGAL ENTITY TYPE: _____
3. BUSINESS STREET ADDRESS: _____
4. CITY/STATE/ZIP: _____
5. BUSINESS PHONE#: _____ CELL PHONE#: _____
EMAIL ADDRESS: _____
6. STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____
7. FEIN #: _____
8. NAME & CONTACT NUMBER OF PERSON COMPLETING THIS LICENSE APPLICATION:

PHONE#: _____
9. RELATIONSHIP OF PERSON LISTED IN #7 WITH LICENSE APPLICANT: _____
10. IS CORPORATION IN GOOD STANDING IN THE STATE OF ILLINOIS? YES/NO: _____
11. 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.
12. 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.
13. Will you serve liquor aboard your vessel? _____ If YES, please indicate your state liquor license number.
_____.
14. LIST ALL CPVs OPERATED PURSUANT TO THIS LICENSE APPLICATION (List and submit additional on a separate page):

(1) _____
 Vessel/Boat Name Legal Passenger Capacity

 USCG Documentation # IL Watercraft Registration #

(2) _____
 Vessel/Boat Name Legal Passenger Capacity

 USCG Documentation # IL Watercraft Registration #

(3) _____
Vessel/Boat Name Legal Passenger Capacity

USCG Documentation #

IL Watercraft Registration #

15. 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 #

16. INSURANCE COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____/EMAIL: _____

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: _____

Subscribed and sworn to before me this

_____ day of _____, 20_____

_____, Notary Public

*****TO BE COMPLETED BY BACP STAFF*****

APPROVED BY: _____
BACP STAFF

DATE APPROVED

CPV LICENSE #: _____ IRIS ACCOUNT# _____



CITY OF CHICAGO
BUSINESS AFFAIRS AND CONSUMER PROTECTION
PUBLIC VEHICLE OPERATIONS DIVISION
2350 W. Ogden Avenue, 1st. Floor, Chicago, IL 60608
Tel: 312-746-4300 Fax: 312-746-9405
BACPPV@CITYOFCHICAGO.ORG

Please Print All Information

CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

COMPANY NAME: _____

LICENSE NUMBER(S): _____

Articles of Incorporation/Organization File#: _____ Date Filed: _____

Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

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

Email Address: _____

Title(s): _____

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

Social Security #: _____ - _____ - _____

Stock/Ownership Percentage: _____%

Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

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

Email Address: _____

Title(s): _____

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

Social Security #: _____ - _____ - _____ Stock/Ownership Percentage: _____%

This form may be duplicated if additional space is required.