## COMMERICAL 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):

<table>
<thead>
<tr>
<th>Vessel/Boat Name</th>
<th>Legal Passenger Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>USCG Documentation #</td>
<td>IL Watercraft Registration #</td>
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(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#: ____________

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CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

Please Print All Information

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.