

**APPLICATION FOR A PUBLIC PASSENGER
VEHICLE LIVERY LICENSE (CORPORATE)**

1. LIVERY LICENSE NUMBER __ __ __ __ LY (for office use only)
2. NAME OF LICENSE HOLDER: _____
3. STREET ADDRESS: _____
4. CITY/STATE/ZIP: _____
5. TELEPHONE NUMBERS - BUSINESS: _____ HOME: _____ CAR/BEEPER: _____
6. PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE:) _____

7. STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____
8. IS CORPORATION IN GOOD STANDING IN THE STATE OF ILLINOIS YES/NO: _____
9. INTERSTATE COMMERCE COMMISSION NUMBER: _____
10. REGISTERED AGENT NAME: _____
ADDRESS: _____
11. MODEL YEAR OF VEHICLE: _____ MAKE: _____
COLOR: _____ MODEL: _____
12. VEHICLE IDENTIFICATION NUMBER: _____
13. AFFILIATION (IF ANY) NAME: _____
ADDRESS: _____
14. INSURANCE COMPANY NAME: _____
ADDRESS: _____
15. INSURANCE BROKER NAME: _____
ADDRESS: _____
16. HAS CORPORATION EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY
LICENSE WHICH WAS SUSPENDED OR REVOKED? _____
17. IF YES, STATE THE TYPE OF LICENSE, DATE OF THE SUSPENSION OR REVOCATION:

18. LIST THE NAME, ADDRESS AND TWENTY-FOUR (24) HOUR TELEPHONE OF THE PERSON AUTHORIZED BY THE CORPORATION TO RECEIVE NOTICE IN CASE OF EMERGENCY.

19. PLEASE LIST ON A SEPARATE PAGE THE NAMES, TITLES, ADDRESSES, TELEPHONE NUMBERS AND SOCIAL SECURITY NUMBERS OF ALL OFFICERS AND DIRECTORS.

20. PLEASE LIST ON A SEPARATE PAGE THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ANY SHAREHOLDERS WHO OWN MORE THAN 10% OF THE STOCK OF THE CORPORATION.

21. HAVE ANY OF THE OFFICERS OR DIRECTORS OF THE CORPORATION EVER OWNED AN INTEREST IN ANY STATE OR CITY LICENSE WHICH WAS SUSPENDED OR REVOKED?

YES/NO _____ IF YES, _____ STATE THE TYPE OF LICENSE, DATE OF SUSPENSION OR REVOCATION, AND REASON FOR THE SUSPENSION OR REVOCATION. _____

22. TO YOUR KNOWLEDGE, HAVE ANY OFFICERS OF THE CORPORATION BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS? YES/NO: _____

IF YES, DEFENDANT'S NAME: _____

TYPE OF OFFENSE: _____

DATE OF CONVICTION: _____ CITY: _____ STATE: _____

PLEASE LIST ANY PENDING CRIMINAL CASES: _____

DEFENDANT'S NAME: _____

TYPE OF OFFENSE: _____ NEXT COURT DATE: _____

COURT WHERE PENDING: _____

STATE OF ILLINOIS

SS

COUNTY OF COOK

_____, BEING FIRST DULY SWORN DEPOSES AND STATES THAT HE OR SHE HAS READ THE FOREGOING "APPLICATION FOR A PUBLIC PASSENGER VEHICLE LICENSE," KNOWS THE CONTENTS THEREOF AND THAT THE SAME IS TRUE IN SUBSTANCE AND IN FACT.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 19 _____

NOTARY PUBLIC

INDIVIDUAL APPLICANT

APPROVED _____

COMMISSIONER
DEPARTMENT OF CONSUMER SERVICES

INVESTIGATED BY: _____

HEARING DATE: _____

**DEPARTMENT OF CONSUMER SERVICES
CITY OF CHICAGO**

**APPLICATION FOR A PUBLIC PASSENGER
VEHICLE LIVERY (INDIVIDUAL)**

1. LIVERY LICENSE NUMBER LY (for office use only)
2. NAME OF LICENSE HOLDER: _____
DOING BUSINESS AS: _____
3. STREET ADDRESS: _____
4. CITY/STATE/ZIP: _____

5. BIRTH DATE AND PLACE: _____
6. TELEPHONE NUMBER - BUSINESS: _____ HOME: _____
CAR/BEEPER: _____
7. IF **APPLICANT** IS DOING BUSINESS AS A PARTNERSHIP, PLEASE LIST ON A SEPARATE PAGE THE NAMES, ADDRESSES, TELEPHONE NUMBERS, AND SOCIAL SECURITY NUMBERS OF ALL GENERAL AND LIMITED PARTNERS.
8. INTERSTATE COMMERCE COMMISSION NUMBER: _____
9. VEHICLE YEAR: _____ MAKE: _____ MODEL: _____
COLOR: _____
10. VEHICLE IDENTIFICATION NUMBER: _____
11. AFFILIATION (IF ANY) NAME: _____
ADDRESS: _____

AFFILIATION OR RADIO DISPATCH PHONE NUMBER: _____
12. INSURANCE COMPANY NAME: _____

ADDRESS: _____
13. INSURANCE BROKER NAME: _____
ADDRESS: _____
14. HAVE YOU EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY LICENSE WHICH WAS SUSPENDED OR REVOKED? YES/NO: _____ IF YES, STATE TYPE OF LICENSE, DATE OF THE SUSPENSION OR REVOCATION AND REASON FOR THE

SUSPENSION OR REVOCATION. _____

15. HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS?

IF YES, TYPE OF OFFENSE: _____

DATE OF CONVICTION: _____ CITY: _____

STATE: _____

PLEASE LIST ANY PENDING CRIMINAL CASES: _____

TYPE OF OFFENSE: _____

NEXT COURT DATE: _____

COURT WHERE PENDING: _____

16. DO YOU HAVE OTHER PUBLIC VEHICLE LICENSES WITH THE CITY YES/NO: _____

17. IF YES, LIST MEDALLION: _____ OR PLATE NUMBER: _____

18. **IDENTIFICATION DOCUMENTS:**

STATE DRIVERS LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: ___ ___ ___ -- ___ ___ -- ___ ___ ___

LICENSE PLATE REGISTRATION CARD NUMBER: _____

STATE OF ILLINOIS

SS

COUNTY OF COOK

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COMMISSIONER
DEPARTMENT OF CONSUMER SERVICES

INVESTIGATION BY: _____

HEARING DATE: _____

***DEPARTMENT OF CONSUMER SERVICES
CITY OF CHICAGO***