



CHANGE OF OFFICER APPLICATION – PUBLIC VEHICLE (NON-TAXI)
EXISTING ACCOUNTS ONLY v.d. 2.19.2021

IRIS# _____

1. LICENSE NUMBER(s) _____

1A. LICENSE TYPE: _____ (LIST LICENSE TYPE)

2. LICENSEE NAME: _____

2A: CORPORATION/LLC/PARTNERSHIP? _____
LIST ONE

3. NAME OF COMPANY: _____

3A. LIST DBA IF APPLICABLE: _____

4. PRINCIPAL PLACE OF BUSINESS ADDRESS: _____

CHICAGO, IL _____

5. BUSINESS TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

6. STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____

7. IS THIS COMPANY CURRENTLY IN GOOD STANDING IN THE STATE OF ILLINOIS? _____

8. HAVE YOU AS AN INDIVIDUAL OR HAS THIS COMPANY EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY LICENSE THAT WAS SUSPENDED OR REVOKED?

(Indicate Yes or No): _____

8A. IF YES, LIST THE LICENSE NUMBER and TYPE: _____

LIST DATE REVOKED OR SUSPENDED AND CHARGE: _____

9. HAVE YOU OR ANY OFFICER, MEMBER, PARTNER, DIRECTOR OR SHAREHOLDER OF THIS COMPANY EVER HAD ANY STATE OR CITY LICENSE SUSPENDED OR REVOKED?
(Indicate Yes or No): _____

9A. IF YES, LIST THE LICENSE NUMBER and TYPE: _____
LIST DATE REVOKED OR SUSPENDED AND CHARGE: _____

10. TO YOUR KNOWLEDGE, HAVE YOU OR ANY OFFICER, MEMBER, PARTNER, DIRECTOR OR SHAREHOLDER OF THIS COMPANY BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS? (Indicate Yes or No): _____

10A. IF YES, DEFENDANT'S NAME: _____
TYPE OF OFFENSE: _____
DATE OF CONVICTION: _____ CITY: _____ STATE: _____

11. PLEASE LIST ANY PENDING CRIMINAL CASES AGAINST YOU OR ANY OFFICER, MEMBER, PARTNER, DIRECTOR OR SHAREHOLDER: _____

11A. DEFENDANT'S NAME: _____
TYPE OF OFFENSE: _____ NEXT COURT DATE: _____
COURT WHERE PENDING: _____

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

NAME: _____
ADDRESS: _____
24-HOUR TELEPHONE NUMBER: _____
EMAIL ADDRESS: _____

13. CURRENT OWNERSHIP STRUCTURE:

<u>NAME</u>	<u>TITLE</u>	<u>% Stock Owned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. PROPOSED OWNERSHIP STRUCTURE

<u>NAME</u>	<u>TITLE</u>	<u>% Stock Owned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____ % Chauffeur License #: _____

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: _____ % Chauffeur License #: _____

This form may be duplicated if additional space is required.

Revised July 11, 2012

