



Lori E. Lightfoot  
Mayor of Chicago

City of Chicago  
Department of Business Affairs and  
Consumer Protection  
Public Vehicle Operations Division  
2350 W. Ogden Ave., 1st Floor  
Chicago, IL 60608  
(312) 746-4200  
(312) 746-9406(FAX)  
(312) 744-1944(TTY)  
<http://www.cityofchicago.org/bacp>

### LIVERY LICENSE APPLICATION

Account # \_\_\_\_\_ Site # \_\_\_\_\_ Application # \_\_\_\_\_ PV / APP / LIC

#### LEGAL ENTITY INFORMATION

BACP ACCOUNT #: \_\_\_\_\_ FEIN #: \_\_\_\_\_ IDOR #: \_\_\_\_\_

LEGAL NAME/CORPORATE NAME: \_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

#### BUSINESS LOCATION INFORMATION

DBA (DOING BUSINESS AS): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ BUSINESS FAX #: \_\_\_\_\_

BUSINESS CONTACT NAME: \_\_\_\_\_

E-MAIL- ADDRESS: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

PROVIDE A 24 HR. EMERGENCY CONTACT NAME: \_\_\_\_\_

PROVIDE A 24 HR. EMERGENCY CONTACT PHONE #: \_\_\_\_\_

PROVIDE A BUSINESS MAILING ADDRESS (if different than the Business Location Address):

\_\_\_\_\_

IF YOU PREFER TAX MAILINGS TO BE SENT TO A DIFFERENT LOCATION, PROVIDE ADDRESS:

\_\_\_\_\_

**OWNERSHIP INFORMATION**

TITLE(S): \_\_\_\_\_ STOCK PERCENTAGE OWNED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

-----  
TITLE(S): \_\_\_\_\_ STOCK PERCENTAGE OWNED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

-----  
TITLE(S): \_\_\_\_\_ STOCK PERCENTAGE OWNED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

-----  
TITLE(S): \_\_\_\_\_ STOCK PERCENTAGE OWNED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

-----  
(YOU MAY DUPLICATE THIS PAGE AS NEEDED FOR ADDITIONAL OWNERS)

**APPLICATION QUESTIONS**

1) Have you or the company ever had ownership interest in any state or city license which was suspended or revoked? Yes / No \_\_\_\_\_

If yes, list the license type, the date and reason for the suspension or revocation.

\_\_\_\_\_

2) Have the officers, directors or shareholders of the corporation ever had any state or city licenses suspended or revoked? Yes / No \_\_\_\_\_

If yes, write the person's name and license type. \_\_\_\_\_

3) Have you or the company, any owner, shareholder, officer or member of the company been convicted of a crime within the last ten (10) years? Yes / No \_\_\_\_\_

If yes, list the defendant's name, the type of offense, date, city and state of conviction.

\_\_\_\_\_

Please indicate the type of offense, the date, city and state of conviction.

\_\_\_\_\_

4) Are there pending charges against you or the company, any owner, shareholder, officer or member of the company? Yes / No \_\_\_\_\_

If yes, list the defendant's name, the type of offense, the next court date, court city and state.

\_\_\_\_\_

Please indicate the type of offense, the next court date, and court where pending.

\_\_\_\_\_

5) Do you have any other Public Vehicle licenses within the City of Chicago? Yes / No \_\_\_\_\_

If yes, list the license type(s) and license number(s). \_\_\_\_\_

**VEHICLE INFORMATION**

**VEHICLE 1:**

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
Model Name: \_\_\_\_\_ Capacity: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: \_\_\_\_\_

Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No  
-----

**VEHICLE 2:**

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
Model Name: \_\_\_\_\_ Capacity: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: \_\_\_\_\_

Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No  
-----

**VEHICLE 3:**

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
Model Name: \_\_\_\_\_ Capacity: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: \_\_\_\_\_

Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No  
-----

**VEHICLE 4:**

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
Model Name: \_\_\_\_\_ Capacity: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: \_\_\_\_\_

Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No  
-----

**VEHICLE 5:**

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
Model Name: \_\_\_\_\_ Capacity: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: \_\_\_\_\_

Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No  
-----

(YOU MAY DUPLICATE THIS PAGE AS NEEDED FOR ADDITIONAL VEHICLES)

**INSURANCE INFORMATION**

**NAME OF INSURANCE COMPANY:** \_\_\_\_\_

**NAME OF INSURANCE AGENT :** \_\_\_\_\_

**ADDRESS OF INSURANCE AGENT:** \_\_\_\_\_

**PHONE NUMBER OF INSURANCE AGENT:** \_\_\_\_\_

-----  
**REQUIRED DOCUMENTS**

- \* Certificate of Good Standing or a Secretary of State Report from the Illinois Secretary of State Website - must be dated within the past 30 days.
- \* Submit corporate minutes indicating all officers, shareholders and directors.
- \* Submit Articles of Incorporation/Organization.
- \* Certificate of Insurance.
- \* Original titles for all vehicles.
- \* If vehicles are purchased as Used, provide a Vehicle History Report.
- \* If you do not own the vehicle(s), provide the lease agreement(s).
- \* Original State Inspection forms for all vehicles.
- \* City Stickers for all vehicles.
- \* Proof that Principal Place of Business is in Chicago - a valid lease, proof of property ownership, or registered agent address.
- \* All officers must complete an Indebtedness Affidavit.

Under penalties of law, including but not limited to Chapter 1-21 of the Municipal Code of Chicago, Illinois set forth below, I certify that the above statements are true and correct, and I certify that all facts represented on prior forms remain true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, .

\_\_\_\_\_, Notary Public

**NOTICE!**

**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.

**FOR OFFICE USE ONLY**

Application Review: \_\_\_\_\_ Staff Initials/Date

Approval: \_\_\_\_\_ Staff Initials/Date