



Lori E. Lightfoot  
Mayor

City of Chicago  
Department of Business Affairs  
and Consumer Protection  
Public Vehicle Operations Division  
2350 West Ogden Avenue, 1st Floor  
Chicago, Illinois 60608  
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(312) 746-9406(FAX)  
(312) 744-1944(TTY)  
<http://www.chicago.gov/bacp>

## LIVERY LICENSE APPLICATION

### OWNER INFORMATION

BACP ACCOUNT #: \_\_\_\_\_

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

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

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

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

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

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

### BUSINESS LOCATION INFORMATION

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

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:

\_\_\_\_\_

**APPLICATION QUESTIONS**

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

If yes, give the date of the suspension or revocation. \_\_\_\_\_

2) Have you ever had any state or city licenses suspended or revoked? Yes / No \_\_\_\_\_

If yes, indicate the license type. \_\_\_\_\_

3) Have you been convicted of a crime within the last ten (10) years? Yes / No \_\_\_\_\_

If yes, please write the defendant's name. \_\_\_\_\_

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

\_\_\_\_\_

4) List any pending criminal cases you are involved in.

Please write the defendant's name. \_\_\_\_\_

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

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**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

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**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

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**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

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**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

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(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: \_\_\_\_\_

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**REQUIRED DOCUMENTS**

- \* If operating with a DBA, provide the Assumed Name Certificate from the Cook County Clerk's Office.
- \* 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.
- \* Provide a valid lease for the business, or proof of property ownership.
- \* 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