



Brandon Johnson  
Mayor of Chicago

### Medicar Vehicle Company Application

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)  
<https://www.chicago.gov/bacp>  
[bacppv@cityofchicago.org](mailto:bacppv@cityofchicago.org)

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 #: \_\_\_\_\_

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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NAME: \_\_\_\_\_  
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HOME ADDRESS: \_\_\_\_\_  
CITY / STATE / ZIP CODE: \_\_\_\_\_  
HOME TELEPHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

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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:** PV#: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
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:** PV#: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
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:** PV#: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
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:** PV#: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
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:** PV#: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
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**

- \* 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 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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

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

Comments:

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