



Lori E. Lightfoot
Mayor of Chicago

City of Chicago
Department of Business Affairs and
Consumer Protection
Public Vehicle Operations Division
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<http://www.cityofchicago.org/bacp>

MEDICAR LICENSE APPLICATION

Account # _____ Site # _____ Application # _____ PV / APP / LIC

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

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:

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 you ever had any state or city licenses suspended or revoked? Yes / No _____

If yes, indicate the 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#: _____

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:

PV#: _____

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:

PV#: _____

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:

PV#: _____

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:

PV#: _____

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

- * 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.
- * Proof that Principal Place of Business is in Chicago - a valid lease, proof of property ownership, or registered agent address.
- * 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