



City of Chicago

Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4200

Fax 312-746-9405 • BACPPV@CITYOFCHICAGO.ORG • WWW.CITYOFCHICAGO.ORG/BACP

INSTRUCTIONS AND REQUIREMENTS FOR CHANGE OF OFFICER APPLICATION AND TRANSFER OF STOCK (0% - 25% TAXI ONLY)

1. Application must be completed, signed, dated and notarized. **Only licensed attorneys may draft and complete legal documents such as sales contracts and corporate documents.**
2. Current Certificate of Good Standing from the Secretary of State or Corporate/LLC File Detail Report.
3. Company minutes must reflect the election of any new officers or members and resignation of current officers or members. Minutes must be signed and dated by a shareholder, corporate officer, partner or member. Minutes or LLC Operating Agreement must state with specificity who owns the stock or holds any ownership interest in the company. Certified death certificate required for the removal of any deceased officer or minority shareholder. Resignation letters are required from all resigning officers. Resignation letters must be dated and signed by the resigning officer.
4. Each new officer and/or shareholder must provide proof of legal residence such as a utility bill or property tax bill.
5. ALL officers and shareholders must be fingerprinted by a BACP approved fingerprint facility. ALL officers and shareholders must also provide two passport-sized photos for the identification card or have their digital photo taken at the Ogden facility. Applications should contain a copy of the receipt from the fingerprinting agency. The receipt must list the applicant's Transaction Control Number (TCN). No files will be approved unless the applicant's fingerprints have cleared.
6. Attorney certification completed and signed by the attorney.
7. If change of company address applies:
 - a. Affiliates must provide a letter from the affiliation confirming the new address.
 - b. All others must provide proof of principal place of business in the City of Chicago such as a property tax bill or a current commercial lease in the name of the company.
8. Lien Clearance Forms from all lending institutions that have registered or outstanding lien (stock sales/stock transfers only).
9. The licensee must resolve any outstanding holds before the application is processed.

**You Must Make An Appointment To Submit Your Change Of Officer Application.
Call (312)746-4300, Monday thru Friday, 8:30 a.m. - 4:00 p.m. to schedule your appointment.**

VD: November 25, 2016

**CHANGE OF OFFICER APPLICATION FOR A PUBLIC PASSENGER
VEHICLE LICENSE - STOCK TRANSFER OF 25% OR LESS. (TAXI)**

1. LICENSE NUMBER(s) _____

2. NAME OF COMPANY: _____

3. STREET ADDRESS: _____

4. CITY/STATE/ZIP: _____

5. BUSINESS TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

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

7. IS CORPORATION IN GOOD STANDING IN THE STATE OF ILLINOIS?: _____

8. LICENSE MANAGER NAME: _____

COMPANY: _____ LICENSE# _____

9. LIEN ON THE LICENSE (YES/NO): _____ DATE OF LIEN: _____

17a. LIEN HOLDER NAME: _____

ADDRESS: _____

AMOUNT OF LIEN: _____

10. HAS CORPORATION EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY
LICENSE THAT WAS SUSPENDED OR REVOKED?

(Indicate Yes or No): _____

10a. IF YES, LIST THE LICENSE # and TYPE: _____

AND DATE REVOKED OR SUSPENDED & CHARGE: _____

11. HAVE ANY OF THE OFFICERS, DIRECTORS OR SHAREHOLDERS OF THE CORPORATION
EVER HAD ANY STATE OR CITY LICENSE SUSPENDED OR REVOKED? (Indicate Yes or No):

11a. IF YES, LIST THE LICENSE # and TYPE: _____

AND DATE SUSPENDED OR REVOKED & CHARGE: _____

12. TO YOUR KNOWLEDGE, HAVE ANY OFFICERS, DIRECTORS OR SHAREHOLDERS OF THE CORPORATION BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS?

(Indicate Yes or No): _____

12a. IF YES, DEFENDANT'S NAME: _____

TYPE OF OFFENSE: _____

DATE OF CONVICTION: _____ CITY: _____ STATE: _____

13. PLEASE LIST ANY PENDING CRIMINAL CASES: _____

13a. DEFENDANT'S NAME: _____

TYPE OF OFFENSE: NEXT COURT DATE: _____

COURT WHERE PENDING: _____

14. 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: _____

15. CURRENT OWNERSHIP STRUCTURE

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

16. PROPOSED OWNERSHIP STRUCTURE

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

Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

Subscribed and sworn to before me this

_____ day of _____, 20_____

_____, Notary Public



Please Print All Information

CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

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 November 25, 2016