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.
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

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16. PROPOSED OWNERSHIP STRUCTURE

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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
I,____________________________________, a licensed Illinois attorney, affirm that I have read the foregoing Application for Change of Officers and reviewed all of the corporation documents attached thereto, and that all documents are in compliance with applicable federal, state and City of Chicago laws.

Signature:_____________________________
Name:(print)___________________________
Attorney Registration Number:_____________
Telephone #: ( )________________________

<<<<<<<<<<< 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.

Application Approved by:_____________________________Date:______________________
Investigated by:_____________________________Date:______________________
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