



# City of Chicago

## Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division • 2350 W. Ogden • Chicago, IL 60608 • 312-746-4200  
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### 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 recent TCN 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 applicant.
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.**

**APPLICATION FOR A PUBLIC PASSENGER  
VEHICLE LICENSE - STOCK TRANSFER OF 25% OR LESS. (TAXI) v.d. 7.24.2019**

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.

14a. 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**





**CITY OF CHICAGO**  
**BUSINESS AFFAIRS AND CONSUMER PROTECTION**  
 PUBLIC VEHICLE OPERATIONS DIVISION  
 2350 W. Ogden Avenue, 1<sup>st</sup>. Floor, Chicago IL 60608

**Please Print All Information**

v.d. 7.24.2019

**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.**