



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 FOR TRANSFERRING 26% OR MORE OWNERSHIP INTEREST IN A PUBLIC PASSENGER VEHICLE LICENSE

PROCESS AND ITEMS TO BE RETURNED WITH APPLICATION:

1. Application must be completed, signed and notarized. **Only licensed Illinois attorneys may draft legal documents. All buyers must have an attorney. Your attorney will be our point of contact for this process and he or she must be present at the closing with you.** Below is an explanation of some of the required documentation, it is not a complete list of all required documents. For a more complete list see the attached checklist titled "Required Submissions – Medallion License Transfer". Review that document carefully to ensure that you have all of the required documents.
2. Affiliation requirements.
 - a. Affiliates must provide a fully executed contract and a permission letter from the affiliation.
 - b. New affiliates may be required to pay a \$25.00 affiliation fee at the time of the transfer closings.
3. For Independents (Non-Affiliated Licensees):
 - a. Independents must complete a color letter. Color combinations must be submitted for prior approval.
 - b. Proof that the company is organized or qualified to do business under the laws of Illinois and that it has its principal place of business in Chicago.
 - c. Proof of a Chicago business address and proof of residency and domicile in the City of Chicago for applicants other than a corporation, LLC or partnership, such as a current residential lease and current utility bill.
4. Proof of two-way dispatch services (independents only).
5. You must bring the original vehicle title and a copy of the title to the transfer application review appointment at the Department of Business Affairs and Consumer protection (BACP). If the cab is a leased vehicle, a fully executed lease must be submitted with the application. The lease must be from the vehicle owner to the applicant. A \$25 fee will be assessed at the closing for a change of vehicle.
6. Insurance certificate in the applicant's name and business address. If the applicant is joining an affiliation, the insurance certificate should list the applicant's name and address of the affiliation or licensed, license manager. Minimum insurance requirements are listed in 9-112-330 of the Municipal Code of Chicago.
7. Taxicab Safety Feature Compliance form. To claim "exempt status" the applicant must not own or control more than one taxicab medallion license, and certify that only he, his spouse, or his children will operate the taxicab. The applicant and/or operator must have a current City of Chicago chauffeur license that is in good

standing. Applicants claiming "exempt status" must also complete the Affidavit of Sole Owner/Operator for Workman's Compensation Insurance form, the Affidavit of Sole Owner form and the Medallion Management Information Form (Owner/Operator Packet).

8. A copy of the sales contract, showing the price of the sale of the company stock (if any) or taxicab medallion license. Contract should list the medallion price separate from the price of the car or any other asset being transferred. Do not submit the original contract with the application.

9. Corporate minutes or LLC operating agreement must reflect, with specificity, who holds the stock or ownership of the company and must list all officers, shareholders, directors, managers and members. Please review your minutes or operating agreement carefully prior to submission. Minutes and operating agreement must be signed and dated and should reflect the information on the application. Minutes should contain resignation letters from current officers, if applicable. Submit copies only.

10. A copy of the Power of Attorney and Declaration of Representation and a copy of the Bulk Sales Notification form stamped "RECEIVED," from the Department of Finance, Bulk Sales Unit should be attached to the original Liability Status Report. You must also submit a copy of the Department of Finance's audit. Liability Status Reports are only good for thirty days from the date stamped by the Department of Finance. Only original Liability Status Reports will be accepted. All debts owed to the City, including debts not disclosed by the Department of Finance must be paid before closing.

11. Current lien Clearance Forms from all creditors that have an open lien together with a signed payoff letter.

12. A copy of the class certificate for the mandatory medallion owners' class. All new applicants must take the medallion owners class. The class is given at Olive Harvey College. See insert.

13. The Affidavit of Financial Responsibility must be completed and notarized by all buyers. Submit a copy of the officer's, shareholder's, member's or manager's previous year's tax returns (state and federal) and a current credit report for each.

14. A copy of the Applicant's loan documents or a commitment letter. Pro Forma loan documents and commitment letters are acceptable but all liens must be properly filed with the Department as is required by the Rules and Regulations for Taxicab Medallion License Holders.

15. Sale Price Affidavits will be required for any sales under the current market value.

16. Any applicant for a taxicab medallion license must complete the fingerprinting process using one of our approved vendors. See insert for a list of approved vendors. This information is also available on BACP's Web site. If the applicant has not been fingerprinted within the last 24 months, they will need to be fingerprinted using this new process. When the applicant goes to one of these agencies, the applicant will receive a Transaction Control Number (TCN). You must submit the TCN number to Monique Davids at BACP via email at Monique.Davids@cityofchicago.org. This process must be followed. No application will be reviewed unless this new process has been followed.

A non-refundable transfer fee shall be paid by the transferee to the City of Chicago at the scheduled medallion closing. The amount of the fee shall be determined as follows:

If the transfer occurs less than one year after the transferor had acquired the license: 25 (twenty- five) percent of the purchase price or 25 percent of the average market value, whichever is higher.

If the transfer occurs one year or more but less than two years after the transferor had acquired the license: 10 (ten) percent of the purchase price or 10 percent of the average market value, whichever is higher.

If the transfer occurs two or more years after the transferor had acquired the license, or if the transferor is a natural person and the transferee is the transferor's spouse or a natural or legally adopted child of the transferor, or if the transferor is the executor or administrator of the estate of a deceased licensee or the executor or administrator of a deceased person who held 100 percent of the stock or other interest in a corporation which was the licensee and the transferee is not a person adjudged to be the heir of the deceased person, or if the transfer was pursuant to a foreclosure upon a pledged or encumbered license: 5 (five) percent of the purchase price or 5 percent of the average market value, whichever is higher.

The average market value shall be an amount determined by the commissioner to be the approximate average purchase price for licenses in arms-length transactions in the previous calendar year.

No transfer fee is assessed if the transferor is a natural person and the transferee is a corporation in which the transferor holds 100 percent of the stock; if the transferor is the executor or administrator of the estate of a deceased person who held the license or held 100 percent of the stock in a corporation which held the license and the transferee is the heir of the deceased person; or if the transferee is the legal spouse or child of the deceased transferor and that legal spouse or child is a 50 percent shareholder in the license and the deceased transferor was a 50 percent shareholder in the license.

The buyer's attorney or the broker must be present at BACP's Public Vehicle Operations Division for the file review. Parties and attorneys must be present at the medallion closing. If you wish to submit an application, please contact Monique Davids at Monique.Davids@cityofchicago.org for additional instructions.



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NOTICE TO ALL APPLICANTS FOR A TAXICAB MEDALLION LICENSE

Pursuant to Section 9-112-100(a)(3) of the Municipal Code of the City of Chicago, all new applicants for a public passenger vehicle license must successfully complete the Medallion Owner's Course offered by Olive-Harvey College. The course must be completed by the individual applicant or, if the license is to be held by a corporation or limited liability company (LLC), one of the individuals listed as a corporate officer or member of the limited liability company must complete the course. If the medallion is held by a corporation or LLC, and the individual having completed the course ceases to be an officer or member, an existing officer or member must take the course within sixty (60) days to maintain compliance with this regulation.

Instructions are as follows:

1. The Medallion Owner's Course is offered only at Olive-Harvey College, 10001 South Woodlawn Ave Chicago, IL 60628. For further information regarding the course, including the class schedule, please call Olive-Harvey at (773) 291-6100.
2. Upon successful completion of the course, you will receive a certificate from Olive-Harvey College. A copy of that certificate and your completed application must be submitted to the Department of Business Affairs and Consumer Protection, Public Vehicle Operations Division in accordance with the current procedures for taxicab medallion license transfers.



**LIST OF BACP APPROVED
 FINGERPRINT/BACKGROUND CHECK AGENCIES
 OCTOBER 23rd, 2014**

► The Department of Business Affairs & Consumer Protection (BACP) Web page is www.cityofchicago.org/bacp.

This list of BACP approved fingerprint/background check agencies is posted at the BACP Web page. *The most current list is posted at the BACP Web page – check the date listed.

All applicants applying for a City of Chicago Public Chauffeur or a Public Passenger Vehicle license must submit to fingerprinting and a National/FBI background check.

As of the above date, the following is a current list of BACP approved fingerprinting agencies that will perform a National/FBI level background check for public passenger vehicle and public chauffeur license applicants.

Please call an approved fingerprint/background check agency before your visit to confirm services performed, locations, hours of operation, and prices charged.

Please bring the following with you to your fingerprint/background check appointment:

- A government issued photo identification;
- Required payment for fingerprint services.

► All BACP license applicants should receive a fingerprint/background check services receipt from any of the below agencies referencing a Transaction Control Number (TCN) showing that a National/FBI level background check was performed.

► ALPHABETICAL LIST OF BACP APPROVED FINGERPRINT AGENCIES

Name of Agency	Website Address	Phone Number
Accurate Biometrics	www.accuratebiometrics.com	773-685-5699
A Fingerprinting U S Photo	www.fingerprintingchicago.com	312-782-8144
Trace Identity Services, Inc.	www.traceidentitysi.com	708-754-2900

Medallion(s): _____ TX Company Name (Buyer): _____

IRIS #: _____

REQUIRED SUBMISSIONS – MEDALLION LICENSE TRANSFER

Application #: _____

- _____ Transfer Application (signed and notarized) TRANSFER FEE:\$ _____
- _____ Corporate Officers Form Percentage: _____
- _____ Multiple Vehicle Sheet (if applicable) COA fee: _____
- _____ Coupon for outstanding fees, (if applicable-DBACP Staff) COE fee: _____
- _____ Original & Copy of Vehicle Title (w/lease agreement, if applicable) Renewal fees owed (cur.): _____
- _____ Insurance (Originals only) Renewal fees owed (old): _____
- _____ Vehicle History Report (Required for ALL submissions)
- _____ Owner/Operator Packet (If Applicable) TOTAL:\$ _____
- _____ Safety Device Form (w/camera printout, if applicable)
- _____ Purchase and Sales Agreement SALE PRICE \$ _____
- _____ Contract Date: _____ 2014 Min. \$ 348,985.29
- _____ DBACP Transfer Agreement Check# _____
- _____ Medallion Statement Disclosure Form (signed by both parties)
- _____ Foreclosure Notices, Proof of Service and Sale Documents (if applicable) Med. & HC are: _____
- _____ DBACP Lien Clearance form (w/ attached payoff letter if applicable)
- _____ Letters of Intent: Buyer and Seller (All officers and shareholders) Plates are: _____
- _____ Attorney Certification
- _____ Estates: Will, Certified Death Certificate, Certified Copy Letters of Office, Order Declaring Heirship
- _____ Name and Address of Attorney for Buyer & Seller
- _____ Plate Release Letter to Secretary of State (Do not date letter until closing)
- _____ Proof of interest bearing escrow account for all monies paid in connection with transfer
- _____ Affiliation Permission Letter & Affiliation Agreement, Applicants using addresses other than the affiliation's must provide proof of valid principal place of business address within City of Chicago.
- _____ Certificate of Good Standing from the Secretary of State or File Detail Report (Required for ALL submissions)
- _____ Articles of Incorporation and minutes, LLC Operating Agreement or equivalent, resignation letters (if applicable)
- _____ Loan Documents & Loan Broker Certification. Rate: _____ Term: _____ Lender(s): _____
- _____ Finance Dept. Liability Status Report dated w/i 30 days of submission, Bulk Sales Notification, Audit &/or Coupons
- _____ Financial Responsibility Affidavit (All officers and shareholders) Expiration Date: _____
- _____ Sale Price Affidavits - Buyer & Seller (if applicable)
- _____ Medallion Owner's Course Completion Certificate - Class Date: _____ Name: _____
- _____ Credit Report & Federal Tax Returns (All Officers & Shareholders)
- _____ Two (2) current passport-sized photographs, or photos taken at Ogden & fingerprint check
- _____ Seller's medallion file (DBACP Staff)

Comments: _____

Seller's Name: _____
 Seller's Corp: _____
 Seller's Atty: _____
 Foreclosure? (Y or N): _____
 Seller's Iris No. _____
 Affiliation: _____
 Date Acquired: _____

Buyer's Name: _____
 Title: _____
 Buyer's Atty: _____
 Other TX's Owned: _____
 Number of Wheelchair TX's Owned: _____
 Number of Hybrids Owned: _____
 Affiliation: _____

Seller's Name: _____
 Seller's Corp: _____
 Seller's Atty: _____
 Seller's Iris No. _____
 Affiliation: _____
 Date Acquired: _____

Seller's Name: _____
 Seller's Corp: _____
 Seller's Atty: _____
 Seller's Iris No. _____
 Affiliation: _____
 Date Acquired: _____

_____/_____
DBACP STAFF MEMBER / DATE RECEIVED

_____/_____
SIGNATURE OF SUBMITTING PARTY / DATE SUBMITTED

**APPLICATION FOR A PUBLIC PASSENGER
VEHICLE LICENSE (CORPORATE)**

1. LICENSE NUMBER(s) _____

2. NAME OF APPLICANT: _____

3. STREET ADDRESS: _____

4. CITY/STATE/ZIP: _____

5. TELEPHONE NUMBER BUSINESS: _____

HOME: () _____

CELLULAR: () _____

EMAIL ADDRESS: _____

6. PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE): _____

7. STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____

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

9. REGISTERED AGENT'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

*** IF YOU ARE APPLYING FOR MORE THAN ONE VEHICLE LICENSE
PLEASE ATTACH A MULTIPLE VEHICLE SHEET.**

10. MODEL YEAR OF VEHICLE: _____ MAKE: _____

MODEL: _____ LONG WHEEL BASE? (Y OR N) : _____

BODY STYLE: _____ CURRENT MILEAGE: _____

SEAT MATERIAL: _____ TITLE CLASS: _____

VEHICLE IDENTIFICATION NUMBER: _____

COLOR SCHEME: _____

FUEL SOURCE: _____

License Number: _____

11. AFFILIATION (IF ANY:) NAME: _____
ADDRESS: _____

12. METER INFORMATION A: TAXIMETER MANUFACTURER: _____
12b. TAXIMETER SERIAL NUMBER: _____

13. VEHICLE SAFETY DEVICE: _____

14. INSURANCE COMPANY NAME: _____
ADDRESS: _____

15. BROKER'S NAME: _____
ADDRESS: _____

16. LICENSE MANAGER NAME: _____
COMPANY: _____ LICENSE# _____

17. LIEN ON THE LICENSE (YES/NO): _____ DATE OF LIEN: _____
17a. LIEN HOLDER NAME: _____
ADDRESS: _____
AMOUNT OF LIEN: _____

18. HAS CORPORATION EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY
LICENSE WHICH WAS SUSPENDED OR REVOKED?
(Indicate Yes or No): _____

18a. IF YES, LIST THE LICENSE # and TYPE: _____
AND DATE REVOKED OR SUSPENDED & CHARGE: _____

19. 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): _____

19a. IF YES, LIST THE LICENSE # and TYPE: _____
AND DATE SUSPENDED OR REVOKED AND CHARGE: _____

20. TO YOUR KNOWLEDGE, HAVE ANY OFFICERS OF THE CORPORATION BEEN
CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS?
(Indicate Yes or No): _____

20a. IF YES, DEFENDANT'S NAME: _____
TYPE OF OFFENSE: _____
DATE OF CONVICTION: _____ CITY: _____ STATE: _____

License Number: _____

21. PLEASE LIST ANY PENDING CRIMINAL CASES: _____
DEFENDANT'S NAME: _____

TYPE OF OFFENSE: NEXT COURT DATE: _____

COURT WHERE PENDING: _____

22. LIST THE NAME, ADDRESS AND TWENTY FOUR (24) HOUR
TELEPHONE NUMBER OF THE PERSON AUTHORIZED BY THE CORPORATION TO
RECEIVE IN CASE OF EMERGENCY.

NAME: _____

ADDRESS: _____

24 HOUR TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

23. PLEASE LIST THE NAME, TITLE, ADDRESS, PHONE NUMBER, BIRTH DATE AND
SOCIAL SECURITY NUMBER FOR ALL OFFICERS AND DIRECTORS.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone No.</u>	<u>Date of Birth</u>	<u>Social Security No.</u>
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24. PLEASE LIST THE NAME, TITLE, ADDRESS, PHONE NUMBER, SOCIAL SECURITY
NUMBER FOR ALL SHAREHOLDERS AND THE AMOUNT OF STOCK OWNED OR
CONTROLLED BY EACH SHAREHOLDER.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone No.</u>	<u>Social Security No.</u>	<u>% of Stock Owned</u>
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MULTIPLE VEHICLE SHEET

COMPANY NAME: _____

TX# _____

MODEL YEAR OF VEHICLE: _____ MAKE: _____

MODEL: _____ LONG WHEEL BASE? (Y OR N) : _____

VEHICLE IDENTIFICATION NUMBER: _____

BODY STYLE: _____ CURRENT MILEAGE: _____

SEAT MATERIAL: _____ TITLE CLASS: _____

COLOR SCHEME/AFFILIATION: _____

FUEL SOURCE: _____ SAFETY DEVICE: _____

WHEELCHAIR ACCESSIBLE (YES OR NO): _____ SEATING CAPACITY (EXCLUDING DRIVER): _____

TAXIMETER MANUFACTURER: _____

TAXIMETER SERIAL NUMBER: _____

TX# _____

MODEL YEAR OF VEHICLE: _____ MAKE: _____

MODEL: _____ LONG WHEEL BASE? (Y OR N) : _____

VEHICLE IDENTIFICATION NUMBER: _____

BODY STYLE: _____ CURRENT MILEAGE: _____

SEAT MATERIAL: _____ TITLE CLASS: _____

COLOR SCHEME/AFFILIATION: _____

FUEL SOURCE: _____ SAFETY DEVICE: _____

WHEELCHAIR ACCESSIBLE (YES OR NO): _____ SEATING CAPACITY (EXCLUDING DRIVER): _____

TAXIMETER MANUFACTURER: _____

TAXIMETER SERIAL NUMBER: _____

TX# _____

MODEL YEAR OF VEHICLE: _____ MAKE: _____

MODEL: _____ LONG WHEEL BASE? (Y OR N) : _____

VEHICLE IDENTIFICATION NUMBER: _____

BODY STYLE: _____ CURRENT MILEAGE: _____

SEAT MATERIAL: _____ TITLE CLASS: _____

COLOR SCHEME/AFFILIATION: _____

FUEL SOURCE: _____ SAFETY DEVICE: _____

WHEELCHAIR ACCESSIBLE (YES OR NO): _____ SEATING CAPACITY (EXCLUDING DRIVER): _____

TAXIMETER MANUFACTURER: _____

TAXIMETER SERIAL NUMBER: _____



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: _____ % Chauffer 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: _____ % Chauffer License #: _____

**APPLICATION FOR A PUBLIC PASSENGER
VEHICLE LICENSE (INDIVIDUAL TAXI)**

1. LICENSE NUMBER(s) _____

2. NAME OF APPLICANT: _____

3. HOME ADDRESS: _____

CHICAGO, ILLINOIS ZIP: _____

4. TELEPHONE NUMBER BUSINESS: _____

HOME: () _____

CELLULAR: () _____

EMAIL ADDRESS: _____

5. PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE): _____

**IF YOU ARE APPLYING FOR MORE THAN ONE VEHICLE LICENSE
DO NOT ANSWER QUESTIONS 6, 8 OR 9 - YOU MUST USE A MULTIPLE VEHICLE SHEET**

6. MODEL YEAR OF VEHICLE: _____ MAKE: _____

MODEL: _____ LONG WHEEL BASE? (Y OR N) : _____

BODY STYLE: _____ CURRENT MILEAGE: _____

SEAT MATERIAL: _____ TITLE CLASS: _____

VEHICLE IDENTIFICATION NUMBER: _____

COLOR SCHEME: _____

FUEL SOURCE: _____ WHEELCHAIR ACCESSIBLE? (Y OR N): _____

7. AFFILIATION (IF ANY:) NAME: _____

ADDRESS: _____

8. METER INFORMATION A: TAXIMETER MANUFACTURER: _____

8b. TAXIMETER SERIAL NUMBER: _____

9. VEHICLE SAFETY DEVICE: _____

10. INSURANCE COMPANY NAME: _____

ADDRESS: _____

11. LICENSE BROKER'S NAME: _____

COMPANY: _____

License Number: _____

12. LICENSE MANAGER NAME: _____

COMPANY: _____ LICENSE# _____

13. PENDING LIEN ON THE LICENSE (Y/N): _____ DATE OF LIEN: _____

13a. LIEN HOLDER NAME: _____

ADDRESS: _____

AMOUNT OF LIEN: _____

14. HAVE YOU EVER HAD A STATE OR CITY LICENSE SUSPENDED OR REVOKED?

YES/NO: _____. IF YES, GIVE DATES OF THE SUSPENSION OR REVOCATION, CHARGE

AND LICENSE TYPE: _____

15. HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS?

YES/NO: _____. IF YES, GIVE THE DATES AND THE CHARGE: _____

16. PLEASE LIST ANY PENDING CRIMINAL CASES AND THE CHARGE(S): _____

17. DO YOU HAVE OTHER PUBLIC VEHICLE LICENSES WITHIN THE CITY? YES/NO: _____.

IF YES, LIST MEDALLION NUMBER(S): _____

18. ILLINOIS DRIVERS LICENSE NUMBER: _____

19. CHAUFFEUR LICENSE NUMBER: _____

20. SOCIAL SECURITY NUMBER: _____ - _____ - _____

21. DATE OF BIRTH: _____



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TAXICAB - CHANGE OF COLOR OR AFFILIATION FORM

LICENSE (MEDALLION) #: _____

NAME OF LICENSE HOLDER: _____

ADDRESS: _____

TELEPHONE: _____

METER MFR: _____ SERIAL#: _____

PLEASE SUBMIT ORIGINAL DOCUMENTS OR LEGIBLE COPIES - Fax copies are not acceptable.

- 1. _____ HARD CARD
- 2. _____ CELLULAR PHONE OR RADIO DISPATCH CONTRACT
- 3. _____ INSURANCE CERTIFICATE
- 4. _____ AFFILIATION AGREEMENT
- 5. _____ SAFETY COMPLIANCE FORM (IF APPLICABLE)
- 6. _____ ADDRESS CHANGE (IF APPLICABLE)
- 7. _____ \$25.00 AFFILIATION FEE

INDICATE COLORS: (INDEPENDENT OPERATORS ONLY)

TOP: _____

DOORS: _____

FENDERS: _____

HOODS: _____

STRIPE (IF APPLICABLE): _____

Signature of Applicant Owner _____ Officer _____ Lic. Mgr _____ (check one)

APPROVED: _____ DATE ENTERED IN SYSTEM: _____
(DBACP EMPLOYEE) (Version 1-24-13)



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TAXICAB SAFETY FEATURE COMPLIANCE FORM

NAME OF OWNER: _____

NAME OF TAXICAB LICENSEE (CORP. NAME): _____

IRIS ACCOUNT NUMBER: _____

MEDALLION(S): _____

**THE ABOVE LISTED TAXICABS ARE EQUIPPED WITH THE
FOLLOWING SAFETY FEATURES:**

_____ A safety shield device capable of completely separating the driver's seat from the rear passenger compartment.

_____ A security camera. Attach a copy of the installation printout. Include system information: (print clearly).
Make _____ Serial ID number _____

_____ Other safety system. (Pre-Approval by Commissioner is required.)

_____ No safety system needed. The undersigned, as a licensee, certifies that he/she does not own or control more than one taxicab license, and that no person other than the licensee, the licensee's spouse or natural or legally adopted children of the licensee will operate the taxicab throughout the entire licensing period.* (See statement below.)

Signature: _____ Date: _____

Chauffeur License Number: _____

*I understand that if my chauffeur license or the chauffeur license of my registered authorized driver is suspended, revoked, surrendered or otherwise invalid, I must cease operating this license and immediately surrender the hard card and medallion to the Department until I have an approved safety device and workers compensation insurance and comply with all other requirements. _____ (Please Initial)



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**AFFIDAVIT OF SOLE OWNER/OPERATOR
FOR WORKMEN'S COMPENSATION INSURANCE**

I, _____, OWNER OF MEDALLION NUMBER _____

CERTIFY THAT I AM SOLE OWNER OR SOLE SHAREHOLDER OF THIS MEDALLION. I
FURTHER CERTIFY THAT NO ONE WILL DRIVE THE VEHICLE ASSIGNED TO THIS
MEDALLION EXCEPT FOR MYSELF AS THE SOLE OWNER AND OPERATOR. I
UNDERSTAND THAT IF ANYONE ELSE DRIVES MY VEHICLE FOR HIRE, THE
MEDALLION WILL BE IMMEDIATELY SUSPENDED AND THEN SUBJECT TO
REVOCAATION.

Signature

Print Name

Corporation Name – Title

Chauffeur License Number

Signed and Sworn Before me on this

_____ day of _____, 20_____.

Notary Public



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AFFIDAVIT OF SOLE OWNER

I, _____, CS# _____ affirm that I am the sole owner or shareholder of taxicab license medallion # _____, and I affirm on oath that I own no other taxicab medallions and that I am the driver of this taxicab along with the following people who are either my spouse or my children:

NAME	RELATIONSHIP	CS#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that any misstatement or misrepresentation on this affidavit may result in the revocation of this license and any other City of Chicago license in which I hold an interest.

I understand that if my chauffeur license or the chauffeur license of my registered authorized driver is suspended, revoked, surrendered or otherwise invalid, I must cease operating this license and immediately surrender the hard card and medallion to the Department until I have an approved safety device and workers compensation insurance and comply with all other requirements.

Signature

Print Name

Corporation Name – Title

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public



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MEDALLION MANAGEMENT INFORMATION FORM

MEDALLION LICENSE HOLDER / COMPANY NAME:

INDIVIDUAL OWNER/PRESIDENT'S NAME:

IRIS ACCOUNT NUMBER: _____

MEDALLION NUMBER(S): _____

Please check all applicable line numbers and complete requested information below. If you are an Owner/Operator that also uses a management company, complete sections 1 and 3.

THE ABOVE LISTED TAXICAB(S) ARE MANAGED AS FOLLOWS:

1. _____ I affirm that I am an Owner/Operator: I only own the **ONE** taxicab medallion license listed above AND I, or, my spouse or child are the only licensed public chauffeurs that drive this taxicab. List any authorized drivers on a separate form.
 NOTE: As an Owner/Operator, you must complete the following forms: (1) an Affidavit of Sole Owner; (2) an Affidavit of Sole Owner/Operator for Workmen's Compensation Insurance; and (3) a Taxicab Safety Feature Compliance Form.

2. _____ I affirm that I am an Owner/Manager: I do lease out my taxicab(s).

3. _____ I affirm that I use the following Medallion License Management Company:

 NOTE: IF YOU ARE ADDING THE ABOVE LICENSED, LICENSE MANAGEMENT COMPANY FOR THE FIRST TIME, YOU MUST SUBMIT A COPY OF THE SIGNED CONTRACT FOR MANAGEMENT SERVICES.

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

Signature: _____ Date: _____

Print Name: _____ Title: _____

Contact Number: _____ E-Mail: _____



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Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

TRANSFER AGREEMENT - SALE EXCEEDING 25% OF STOCK

This is to certify that I, _____, of _____, wish to release all claims or interest in _____

City of Chicago Medallion License Number(s) _____, and request that any and all said interest be transferred to:

(Purchaser's Name) _____
(Individual or Corporation)

(Business Address)

(City, State and Zip)

(Telephone)

The purchase price of the Medallion License(s) is \$ _____ (each)

Seller:

(Signature - President/Owner)

(Address)

(City, State, Zip)

(Telephone)

(Date)

Buyer:

(Signature - President / Owner)

(Address)

(City, State, Zip)

(Telephone)

(Date)

Subscribed and sworn to and before me this _____ Day of _____, 20____

_____ Notary Public.

Subscribed and sworn to and before me this _____ Day of _____, 20____

_____ Notary Public.



City of Chicago

Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

MEDALLION SETTLEMENT STATEMENT DISCLOSURE FORM

The following information must be filled out by the buyer and seller of the public passenger vehicle license. Please complete all information and sign it. All information must be printed except for your signature. **DO NOT SIGN THIS FORM IN BLANK. ALL SPACES MUST BE COMPLETED.**

LICENSE #(s): _____

BUYER	ITEMIZED LIST OF PAYMENTS	PAID TO
Contract sale price		
Loan fee		
Earnest Money Deposit		
Loan Amount		
Broker's Loan Fee		
Transfer Fee		
Document Preparation		
Additional Funds to Close		
Agent Processing Fee		
Finance Charge/APR		
Total Closing Costs		

Seller		
Contract Sale Price		
Loan Payoff(s)		
Earnest Money Deposit		
Ground Tax Escrow		
Brokerage Fee		
Transfer Fee		
Total Received		

Proposed Loan Distribution

Sales Proceeds to Seller: _____ \$ _____

Origination Fee to: _____ \$ _____

Brokerage Fee/Finder's Fee to: _____ \$ _____

(Loan payoff): _____ \$ _____

(Transfer fee to City of Chicago): _____ \$ _____

(Monthly interest/payments to Association and/or Broker): _____ \$ _____

MEDALLION NUMBER(S): _____TX

BUYER VERIFICATION

I, _____, buyer, being first duly sworn depose and state that I have read and understood the foregoing "Medallion Settlement Statement Disclosure Form", know the contents thereof and that the same are true and accurate to the best of my knowledge.

Buyer Signature (individual) or President of Corporation

Print Name

Subscribed and Sworn to before me this

_____ day of _____, 20_____.

Notary Public

SELLER VERIFICATION

I, _____, seller, being first duly sworn depose and state that I have read and understood the foregoing "Medallion Settlement Statement Disclosure Form", know the contents thereof and that the same are true and accurate to the best of my knowledge.

Seller Signature (individual) or President of Corporation

Print Name

Subscribed and Sworn to before me this

_____ day of _____, 20_____.

Notary Public

**NOTICE OF CREDITOR'S REQUEST
TO TRANSFER PUBLIC PASSENGER VEHICLE LICENSE
UPON FORECLOSURE**

DATE: _____

TO: *Via Regular and Certified Mail*

Via Regular and Certified Mail

Via Regular and Certified Mail

**** IMPORTANT INFORMATION ****

This notice contains important information about your taxicab medallion license. The creditor who has a lien on your taxicab medallion license(s) claims that you have defaulted on your contract. The creditor is asking the City to transfer your license(s) to a purchaser at a sale conducted by the creditor. The City will transfer the license unless you stop the transfer by filling out and mailing the attached Affidavit of Defense form to the creditor and to the Department of Business Affairs and Consumer Protection.

The License

The Taxi Medallion License(s) hereinafter ("License") _____ TX(s) are presently registered with the City of Chicago, Department of Business Affairs and Consumer Protection, in your name or the name of a company owned by you. The license is subject to a lien in favor of the following creditor:

_____. The license was sold at foreclosure sale by the creditor on or about _____ 20_____.
List DateList Year
to the following person or company: _____,
for \$ _____, plus applicable transfer taxes and fees.

The Creditor's Request

The Creditor says that you have not paid money which you owe to the Creditor or that you are otherwise in default of your credit agreement. The Creditor has therefore sold your license because of your failure to pay or because of this default. The Creditor intends to ask the Department of Business Affairs and Consumer Protection to transfer the license to the person or company named above.

**THE ONLY WAY YOU MAY STOP THIS TRANSFER IS BY SENDING THE
ATTACHED AFFIDAVIT OF DEFENSE TO THE CREDITOR
AND THE COMMISSIONER OF BUSINESS AFFAIRS AND CONSUMER PROTECTION.**

How to Find Out if You Have a Defense

You may assert any defense you have to 1) the amount claimed or owed on your credit agreement; 2) the foreclosure itself; or 3) the Creditor's right to foreclosure. You may also make any other defense to the Creditor's claim that is allowed by law. If you believe you may have a defense or if you do not know whether you have a defense to the Creditor's claim, it is suggested that you seek legal advice. Legal advice may be obtained from the Chicago Bar Association (312) 554-2001, The Legal Assistance Foundation of Chicago (312) 341-1070, and Legal Aid Clinics operated by local law schools including the Mandel Legal Aid Clinic of the University of Chicago (773) 702-9611, the Northwestern University Legal Assistance Clinic (312) 503-8576, the Loyola University Legal Clinic (312) 915-6481, the DePaul University Legal Clinic (312) 362-8294, and the Chicago Kent College of Law Legal Services Center (312) 567-5050.

The Affidavit of Defense

1. What It Is

The Affidavit of Defense is a form that tells the Creditor and the Department of Business Affairs and Consumer Protection that you believe you have a defense to the transfer of your medallion license. Sending an Affidavit

of Defense does not mean that your license will be returned to you. If you file an affidavit of defense, the license will not be transferred unless the creditor obtains a court order.

IF YOU DO NOT SEND AN AFFIDAVIT OF DEFENSE, YOU MAY BE CONSIDERED TO HAVE AGREED TO THE TRANSFER OF THE LICENSE.

2. What To Do

An Affidavit of Defense form is enclosed. If you want to tell the Creditor and the Department of Business Affairs and Consumer Protection that you believe you have a defense, you must complete this form. Then you must sign the form and have your signature notarized by a notary public.

3. Who To Send It To

After you have completed the Affidavit of Defense form and had your signature notarized, you must send the completed Affidavit of Defense form by certified mail to the Creditor and to the Department of Business Affairs and Consumer Protection. The Creditor's address is listed above. The address of the Department of Business Affairs and Consumer Protection is:

Department of Business Affairs and Consumer Protection
Public Vehicle Operations Division
2350 W. Ogden Avenue, 1st floor
Chicago, Illinois 60608
Attention: Monique Davids

You should save your certified mail receipts so you can show that you sent your Affidavit of Defense to the Creditor and to the Department of Business Affairs and Consumer Protection.

4. When To Send It

Do not wait to send the Affidavit of Defense form to the Creditor and the Department of Business Affairs and Consumer Protection. **THE AFFIDAVIT OF DEFENSE MUST BE RECEIVED BY THE CREDITOR AND THE DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION WITHIN FIFTEEN (15) DAYS FROM THE DATE WHICH THIS NOTICE WAS MAILED TO YOU VIA CERTIFIED MAIL.** If the Creditor or the Department of Business Affairs and Consumer Protection receives your Affidavit of Defense more than fifteen (15) days from the date upon which this Notice was mailed to you via certified mail, the license may be transferred.

I/We _____ hereby affirm that this Notice of Creditor's Request to
Creditor/Authorized Agent Name

Transfer Public Passenger Vehicle License upon foreclosure was mailed to the above listed debtor/licensee

_____, by certified mail, return receipt requested
List Debtor/Licensee Name

on this _____ day of _____, 20_____

A COPY OF THE RETURN RECEIPT MUST ACCOMPANY THE NOTICE OF CREDITOR'S REQUEST TO TRANSFER PUBLIC PASSENGER VEHICLE LICENSE WHEN IT IS SUBMITTED TO THE DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION AT THE TIME OF APPLICATION.

IF THE NOTICE IS NOT ACCEPTED, YOU MUST FILE A COPY OF THE RETURNED ENVELOPE AS PROOF OF SERVICE WITH THE DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION AT THE TIME OF APPLICATION.

Respectfully submitted,

Name

Law Firm

Address

Phone

Email address

Subscribed and Sworn to before me

this _____ day of _____, 20_____.

Notary Public

AFFIDAVIT OF DEFENSE TO CREDITOR

To City: **City of Chicago – Public Vehicle Operations Division
Department of Business Affairs and Consumer Protection
2350 W. Ogden Avenue, 1st Floor
Chicago, IL 60608
Attention: Monique Davids**

To Creditor: _____

Address: _____

City, State, Zip Code _____

RE: PUBLIC PASSENGER LICENSE NUMBER(S) _____ TX

I, _____, hereby swear that I own Taxicab Medallion License

Debtor/Licensee Name

Number(s) _____ TX either individually or through a company

that I own and I have a defense to the foreclosure of these licenses. I understand that this license(s) was sold

at a foreclosure sale on or about _____ and that sale is contingent upon approval

List Date of Foreclosure Sale

by the Department of Business Affairs and Consumer Protection.

My defense to this foreclosure is:

Signature: _____

Print Name: _____

Relationship to Medallion _____

Address: _____

Phone: _____

Email Address: _____

Subscribed and Sworn to before me

this _____ day of _____, 20____.

Notary Public



City of Chicago
Department of Business Affairs and Consumer Protection
 Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300
 312-746-4200 ■ BACPPV@CITYOFCHICAGO.ORG ■ WWW.CITYOFCHICAGO.ORG/BACP

AFFIDAVIT OF TRANSFER ON DEFAULT

PUBLIC PASSENGER VEHICLE LICENSE NUMBER(S): _____

NAME OF DEBTOR/LICENSEE: _____

NAME OF CREDITOR: _____

DATE OF FORECLOSURE SALE: _____

PURCHASER AT FORECLOSURE SALE: _____

I, the undersigned, having first been duly sworn, do hereby state that I am a duly authorized officer or representative of the creditor listed above and that said creditor has foreclosed on the above mentioned public passenger vehicle license, by reason of default in the conditions of the attached copy of the loan agreement between the creditor and debtor listed above. I further state that the Commissioner of Business Affairs and Consumer Protection and the debtor/licensee were notified of the creditor's intent to foreclose at least twenty-one (21) days prior to the foreclosure date, in a manner consistent with Section XIII of the Rules and Regulations for Taxicab Medallion License Holders.

I further certify that on the date listed above the purchaser listed above purchased the license at a foreclosure sale, and that application for the transfer is based on said foreclosure sale.

I further certify that a copy of the Notice of Creditors Request to Transfer License upon Foreclosure was sent to the debtor at his last known address by certified mail return receipt requested and that the notice was either received by the debtor at least twenty-one (21) days prior to this affidavit (copy of postal service return receipt attached) or the notice was returned stamped by the United States Postal Service as "undeliverable" (post-marked, unopened envelope with notices attached). Said notice informed the debtor of his right to file an Affidavit of Defense with the creditor and the Department of Business Affairs and Consumer Protection and as of today's date, creditor has not received an Affidavit of Defense from debtor.

Further the affiant sayeth not.

 Signature of Affiant

 Name and Title of Affiant

Subscribed and sworn to before me this

_____ day of _____, 20_____

_____, Notary Public

When using this affidavit in conjunction with a foreclosure pursuant to Rule TX13.07(d), please strike out the inapplicable sections.



City of Chicago
Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

LIEN CLEARANCE PURSUANT TO TRANSFER OF LICENSE

The undersigned, representative of _____, (hereinafter "secured party") which has a registered security interest in City of Chicago Taxicab Medallion License Number(s): _____ TX(S), is aware that there is an application pending for transfer of said license(s) from _____ to _____.

Accordingly, as holder of the secured interest, we are notifying the City of Chicago Department of Business Affairs and Consumer Protection (DBACP) that the secured interest has been: (mark all applicable sections).

- _____ The lien has been terminated because the amount owed the secured party has been paid in full.
_____ The lien has been terminated because the amount owed has been paid in full. However, the prospective purchaser has applied for financing with us and a new security interest will be filed upon closing of the new loan.
_____ The prospective purchaser has assumed responsibility for the loan and the security interest should remain registered on the medallion license. A copy of the UCC filing(s) will be forwarded to DBACP in accordance with the Rules and Regulations for Public Passenger Vehicles.
_____ The lien has not been paid. However, upon approval of this transfer application and receipt of the funds due to the secured party pursuant to the attached payoff letter, the secured party will file the appropriate documents to release its security interest.
_____ The lien has not been paid and will not be paid in full after the transfer of the license. However, the secured party has taken other measures to secure the lien and will forward copies of any associated UCC filing(s) to BACP in accordance with the Rules and Regulations for Public Passenger Vehicles.
_____ There is no lien for this medallion license on record with our office.
_____ We are canceling foreclosure proceedings against the debtor and have no objection to the sale of this medallion to the above listed purchaser.

Print name: _____
Position: _____
Lender: _____
Signature: _____
Date: _____



City of Chicago
Department of Business Affairs and Consumer Protection
Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

LETTER OF INTENT - BUYER

DATE: _____

TO WHOM IT MAY CONCERN:

I AM BUYING MEDALLION # _____

FOR THE PURCHASE PRICE OF: \$ _____

COMPANY NAME: _____

YOUR SIGNATURE: _____

PRINT NAME: _____

LIST POSITION IN COMPANY: _____



City of Chicago
Department of Business Affairs and Consumer Protection
Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

LETTER OF INTENT - SELLER

DATE: _____

TO WHOM IT MAY CONCERN:

I AM SELLING MEDALLION # _____

FOR THE SELLING PRICE OF: \$ _____

I UNDERSTAND THAT I WILL NOT GET PAID UNTIL: (List Date Or Event):

COMPANY NAME: _____

YOUR SIGNATURE: _____

PRINT NAME: _____

LIST POSITION IN COMPANY: _____

ATTORNEY CERTIFICATION

I, _____, a licensed Illinois attorney, representing the
(Print Name)

Buyer of taxicab medallion number(s) _____, state that I have read the foregoing Application for Transfer or Change of Officers and reviewed all of the documents attached thereto, including but not limited to the loan documents, medallion settlement statement disclosure form, the sales contract, and all corporate documents, and hereby certify that all of the documents are complete and accurate, and that the documents and my client are in compliance with all federal and state laws, and City of Chicago Rules and Regulations as well as all statutory requirements.

Signature: _____

Name (Print): _____

Attorney Registration Number: _____

Firm Name: _____

Telephone Number: _____

Email Address: _____



City of Chicago
Department of Business Affairs and Consumer Protection
 Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

LOAN BROKER CERTIFICATION

I, _____, am the person who arranged the loan with _____
(Print Name) (Bank or Finance Company)
 for the benefit of _____, license holder or license applicant for Medallion Number
(Loan Applicant)
 _____. I am employed by _____.
(Company Name)

I hereby certify that I have personally reviewed the financial background of the loan applicant, and I have determined:

1. That the applicant has the financial ability to render safe and comfortable transportation service;
2. That the applicant is able to maintain, repair and replace, as necessary, the equipment for his transportation service;
3. That the applicant has the character and reputation as a law-abiding citizen.
4. That the applicant is able to pay all judgments, fines and awards which may be rendered for any cause arising out of the operations of his public passenger vehicle;
5. That the following is a complete and itemized list of all of the monies to be paid to me for my services arising out of the arrangement of the loan for which the medallion is collateral:

<u>ITEM</u>	<u>CHARGE</u>
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

Total Costs: \$ _____

Signature: _____

Name (Print): _____

Telephone Number: _____

Signed and Sworn before me this _____ day of _____ 20____

_____, Notary Public



**CHICAGO DEPARTMENT OF FINANCE
TAX DIVISION
BULK SALES UNIT
DEPAUL CENTER, SUITE 300
333 S. STATE ST., CHICAGO, ILLINOIS 60604-3977**

BULK SALES NOTIFICATION

Note to filers:

The information requested is required per section 3-4-140 of the Uniform Revenue Procedures Ordinance. Complete all information; *attach a copy of the sales contract* and mail to Chicago Dept. of Finance, Tax Division, Bulk Sales Unit, 333 S. State Street, Suite 300, Chicago, IL 60604-3977.

All notices should be received at least forty-five (45) days before closing to be considered timely. If that is not possible, the transferee or buyer should hold in escrow an amount sufficient to cover the potential liability.

Date of Notice: _____ **Date of Intended Sale:** _____

I. Identify the Business/Property being sold:

Business Name: _____ D/B/A: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Property Index Number (PIN) if Real Estate is Being Sold: _____
Medallion Number(s) if Applicable: _____
Business Phone: _____ Business Fax: _____
Federal ID # (FEIN): _____ IL IBT #: _____
City IRIS # / City Account # : _____
Business Structure (Sole Proprietor, Partnership, Corp.): _____
Business Activity: _____
Number of Years at Site: _____ Last Date of Operation if Applicable: _____
Business Records Located at: _____

II. Transferor/Seller Information:

Name: _____
Telephone: _____ Fax: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____
Drivers License #: _____
Attorney's Name: _____
Telephone: _____
Email Address: _____
Firm Name: _____
Firm Address: _____
City: _____ State: _____ Zip Code: _____
Attorney's Signature: _____

III. Transferee/Buyer Information:

Name: _____
Telephone: _____ Fax: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____
Attorney's Name: _____
Telephone: _____ Fax: _____
Email Address: _____
Firm Name: _____
Firm Address: _____
City: _____ State: _____ Zip Code: _____

Attorney's Signature: _____

IV. Sale Description:

Description of Property Being Sold (Attach a schedule, if necessary):

Purchase Price: \$ _____
Price attributed to Real Estate: \$ _____
Other Consideration: _____
Amount Escrowed for City of Chicago taxes, interest, penalties, nontax debts and other debts owed by the seller or transferor to the City of Chicago.: _____

V. Registration and Other Information:

Tax Contact Person: _____ Email Address: _____
Telephone: _____ Fax: _____
Taxes Currently Registered For (attach a schedule, if necessary):
Tax Code: _____ Start Date: _____
Tax Code: _____ Start Date: _____
Total Number of Employees (full and part-time): _____

Print Name of Filer

Signature of Filer

Party Representing

Note: Please provide this office with a copy of the sales contract of agreement, which is necessary in the processing of this notice.

For Office Use Only:
Date Received: _____ 45 Days Allowance: YES _____ No _____

The Illinois Department of Revenue may also require the filing of a Bulk Sales Notice. Call (312) 814-3063 or Fax to (312) 793-3841.

Chicago Department of Finance: Telephone (312) 747-4747 Fax (312) 747-1890



City of Chicago
Department of Finance

Power of Attorney and
Declaration of Representative

PART I. - Power of Attorney

Taxpayer(s) name, identifying number, and address including ZIP code (Please type or print)

hereby appoints [name(s), address(es), including ZIP code(s), and telephone number(s) of individual(s)]*

as attorney(s)-in-fact to represent the taxpayer(s) before any office of the Chicago Department of Finance for the following tax matter(s). Specify the type(s) of tax and year(s) or period(s).

Table with 2 columns: Type of Tax, Year(s) or Period(s)

The attorney(s)-in-fact (or either of them) are authorized, subject to revocation, to receive confidential information and to perform any and all acts that the principal(s) can perform with respect to the above specified tax matters (excluding the power to receive refund checks, and the power to sign the return, unless specifically granted below).

Send copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above tax matters to:

- 1 [] the appointee first named above, or
2 [] (names of not more than two of the above named appointees)

Initial here -> if you are granting the power to receive, but not to endorse or cash, refund checks for the above tax matters to:

- 3 [] the appointee first named above, or
4 [] (name of one of the above designated appointees)

This power of attorney revokes all earlier powers of attorney and tax information authorizations on file with the Department of Finance for the same tax matters and years or periods covered by this power of attorney, except for the following:

(Specify to whom granted, date, and address including ZIP code, or refer to attached copies of earlier powers and authorizations.)

Signature of or for taxpayers(s)

(If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.)

(Signature) (Title, if applicable) (Date)
(Also type or print your name below if signing for a taxpayer who is not an individual.)

(Signature) (Title, if applicable) (Date)

*You must authorize an organization, firm, or partnership to receive confidential information, but your representative must be an individual who must complete part II

AFFIDAVIT OF FINANCIAL RESPONSIBILITY

CAB COMPANY NAME _____

I, _____, applicant for public passenger vehicle license number(s) _____ TX, being duly sworn on oath, depose and state as follows:

1. I certify that I have the financial ability to render lawful, safe, suitable and comfortable service;
2. I certify that I have the financial ability to replace the vehicle(s) attached to the public passenger vehicle license(s) as required by ordinance;
3. I certify that I have the financial ability to renew the public passenger vehicle license(s) as required by ordinance;
4. I certify that I have the financial ability to maintain insurance for the payment of personal injury, death and property damage claims as required by ordinance;
5. I certify that I have the financial ability to pay all judgments and awards which may be rendered for any cause arising out of the operation of a public passenger vehicle as required by ordinance;
6. I certify that I have submitted true and correct copies of my _____ federal and state income tax returns;
(year)
7. I certify that I have submitted true and correct copies of the loan commitment letter(s) issued by the financial institution which holds a security interest in the above-mentioned public passenger vehicle license(s);
8. I understand that any misstatements or misrepresentations on this affidavit may result in the denial and/or revocation of any public passenger vehicle license(s) held or otherwise controlled by affiant.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

_____, Notary Public

