INSTRUCTIONS FOR TRANSFERRING 26% OR MORE OWNERSHIP INTEREST IN A PUBLIC PASSENGER VEHICLE LICENSE  (version date: 5.6.2019)

PROCESS AND DESCRIPTION OF SELECTED ITEMS TO BE SUBMITTED WITH APPLICATION:

1. Application must be completed, signed and notarized. **Only licensed Illinois attorneys may draft legal documents. All buyers must be represented by 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.** Do not use white out on the application. Do not attempt to re-type the forms, do not alter the wording of any department form. Below is an explanation of some of the required documentation and is not a complete list of required documents. For a more complete list, see the attached checklist titled “Required Submissions – Medallion Transfer”. Review that document carefully to ensure that you have all of the required documents.

2. An Initial Inquiry Request Form must be submitted in order to start this process. Please email the completed form to Monique Davids at BACP via email at Monique.Davids@cityofchicago.org

3. Affiliation requirements.
   a. Affiliates must provide a fully executed contract and a permission letter from the affiliation.
   b. New affiliates will be required to pay a $25.00 affiliation fee at the time of the transfer closings.

4. For Independents (Non-Affiliated Licensees):
   a. Independents must complete a color letter. Color combinations and logos 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.

5. You must bring the original vehicle title or bill of sale 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 copy of the fully executed lease must be submitted with the application. The lease must be from the vehicle owner to the applicant. All leases must expire on Dec 31. A $25 fee will be assessed at the closing for a change of vehicle.

6. A copy of the Vehicle History Report (example: Carfax or AutoCheck) for each vehicle regardless of model year.
7. Insurance certificate in the applicant’s name and 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.

8. 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).

9. 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.

10. 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.

11. 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 or the date of the ground tax payment, whichever is earlier. 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.

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

13. A copy of the Applicant’s loan documents. Pro Forma loan documents or commitment letters with the loan total and loan rate are acceptable. However, all liens must be properly filed with the Department as required by the Rules and Regulations for Taxicab Medallion License Holders.

14. Photos of all applicants – Photos may be done at Ogden or applicant may submit two recent passport photos.

15. 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 12 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 fee is $2,500.00. See MCC 9-112 for exceptions.

The buyer, the buyer's attorney and the seller must be represented at BACP's Public Vehicle Operations Division the medallion closing. If you wish to submit an application, please contact Monique Davids at Monique.Davids@cityofchicago.org for additional instructions.
REQUIRED SUBMISSIONS – MEDALLION TRANSFER

Transfer Application (Signed and notarized)
Corporate Officers Form
Multiple Vehicle Sheet (If Applicable)
Coupon for outstanding fees, (If applicable-BACP Staff)
Original & Copy of Vehicle Title (W/lease agreement, if applicable)
Insurance (Originals only)
Vehicle History Report (Required for ALL submissions)
Owner/Operator Packet (If Applicable)
Safety Device Form
Purchase and Sales Agreement  SALES PRICE $

Contract Date:  
Medallion Statement Disclosure Form (Signed by both parties)
Foreclosure Notice, Proof Of Service and Sale Documents (If Applicable)
BACP Lien Clearance form (w/ attached payoff letter if applicable)
Decedent’s Will, Certified Copy of Death Certificate, Certified Copy of Letters of Office & Order of Heirship
Letters of Intent: Buyer and Seller (All Officers and Shareholders)
Attorney Certification
Name and Address of Attorney for Buyer & Seller
Plate Release Letter to Secretary of State (Do not date until transfer closing)
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 and Loan Broker Certification (If applicable) Rate:  
Term:  
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)
Sale Price Affidavits – All Buyers & Sellers
Current Credit Report & Federal Tax Returns (All Officers)
Two (2) current passport-sized photographs & fingerprint card(s) (All Officers)
Fingerprint Check Clearance (All Officers)
Seller’s medallion file (BACP Staff)
Number of medallions owned by buyer (BACP):

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:

BACP STAFF MEMBER / DATE RECEIVED

SIGNATURE OF SUBMITTING PARTY / DATE SUBMITTED

REVISED 5.22.2017
REQUEST DATE: ________________________________
REQUESTOR: _______________________________________

BUYER'S ATTORNEY: ______________________________________
EMAIL: __________________________________ PHONE: __________

MEDALLION NUMBER(S): ________________________________
PURCHASE PRICE: $ ________________________________ EACH
LICENSE BROKER FOR THIS SALE: ______________________________

SELLER COMPANY NAME: ________________________________
PRESIDENT NAME: __________________ STOCK%: __________
VICE-PRESIDENT NAME: __________________ STOCK%: __________
SECRETARY NAME: __________________ STOCK%: __________
OTHER OFFICER/SHAREHOLDER: __________________ STOCK%: __________
LIENHOLDER: _______________________________________
LIENHOLDER: _______________________________________
REASON FOR SELLING: ________________________________

BUYER COMPANY NAME: ________________________________
PRESIDENT/BUYER'S NAME: ________________________________
ADDITIONAL OWNER/OFFICER/SHAREHOLDER: __________________
NUMBER OF MEDALLION LICENSES CURRENTLY OWNED (OVER 25%): __________
NUMBER OF WHEELCHAIR ACCESSIBLE VEHICLES (CURRENTLY LICENSED): __________
IS THE VEHICLE ON THIS APPLICATION A WAV?: __________ (YES/NO), AFV?: __________ (YES/NO)

Revised: June 2, 2015
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: 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.

   Name | Title | Address | Phone No. | Date of Birth | Social Security No.
   -----------------------------------------------
   |      |        |          |            |               
   |      |        |          |            |               
   |      |        |          |            |               
   |      |        |          |            |               

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.

   Name | Title | Address | Phone No. | Social Security No. | % of Stock Owned
   -----------------------------------------------
   |      |        |          |            |                    
   |      |        |          |            |                    
   |      |        |          |            |                    
   |      |        |          |            |                    
   |      |        |          |            |                    
   |      |        |          |            |                    
   |      |        |          |            |                    
   |      |        |          |            |                    
   |      |        |          |            |                    

3
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

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: ________________
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 11.14.2016
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: TAXI METER MANUFACTURER: __________________
   8b. TAXI METER 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: ________________________________
License Number: ______________________

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

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: ________________________________
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): ______
TAXIМETER MANUFACTURER: _____________________________________________
TAXIМETER 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): ______
TAXIМETER MANUFACTURER: _____________________________________________
TAXIМETER 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): ______
TAXIМETER MANUFACTURER: _____________________________________________
TAXIМETER SERIAL NUMBER: _____________________________________________

Revised January 2011
TAXICAB SAFETY DEVICE FORM

NAME OF OWNER/PRINCIPAL OFFICER: ________________________________

NAME OF LICENSEE (COMPANY NAME): ________________________________

IRIS ACCOUNT NUMBER: _____________________________________________

MEDALLION NUMBER: _____________________________________________

ABOVE TAXICAB IS EQUIPPED WITH THE FOLLOWING SAFETY EQUIPMENT
Check all that apply

☐ Safety shield device capable of completely separating driver's seat from passenger compartment.

☐ Security camera. Make: ___________________________ Model: ________________

Serial/ESN #: ________________ Check One: Front-Facing □ / Rear Facing □ / Both □
* Requires additional approved safety device.

☐ Other safety system. (Pre-Approval by Commissioner is required.) List: _____________________________

 Approval Date: _____________________________

☐ 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.)

Submitted by: _____________________________ Date: _____________________________

Check one: Owner □ Officer □ License Manager □

Print Name: _____________________________ Company: BACP Licensed Management Company

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 BACP until I have registered with BACP an approved safety device and
workers compensation insurance and comply with all other requirements. _____________ (Please Initial)

************************************************************************** BACP USE ONLY **************************************************************************

CONFIRMED STATUS OF CHAUFFEUR LICENSE - BACP STAFF INITIALS: ________
I, ______________________, OWNER OF TAXICAB MEDALLION LICENSE NUMBER ________

I hereby certify that I am sole owner or sole shareholder of this license. I further certify that no one will drive the vehicle assigned to this medallion license except for myself as the sole owner and operator. I understand that if anyone else drives my vehicle for hire, the medallion license will be immediately suspended and then subject to revocation.

________________________________________
Signature

________________________________________
Print Name

________________________________________
Licensee/Company Name

________________________________________
Chauffeur License

________________________________________
Date

Subscribed and sworn to before me this

______________ day of ____________________ 20______________

________________________________________
Notary Public

************************************************** BACP USE ONLY ********************

CONFIRMED STATUS OF CHAUFFEUR LICENSE - BACP STAFF INITIALS:______
City of Chicago  
Business Affairs and Consumer Protection  
Public Vehicle Operations Division • 2350 W. Ogden, First Floor • Chicago, IL 60608  
312-746-4200 • BACPPV@CITYOFCHICAGO.ORG • WWW.CITYOFCHICAGO.ORG/BACP

AFFIDAVIT OF SOLE OWNER  
Version Date: 11/09/2015

I, _______________________, CS# ________________, affirm that I am the sole owner or shareholder of taxicab medallion license # ____________ TX, and I affirm on oath that I own no other taxicab medallion licenses and that either I and/or the following people, who are either my spouse or my children, are the sole drivers of this taxicab vehicle:

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>CS#</th>
</tr>
</thead>
<tbody>
<tr>
<td>1._________________________</td>
<td>_____________</td>
<td>_____</td>
</tr>
<tr>
<td>2._________________________</td>
<td>_____________</td>
<td>_____</td>
</tr>
</tbody>
</table>

I understand that any misstatement or misrepresentation made on this affidavit may result in the revocation of this medallion 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 authorized driver listed above is denied, suspended, revoked, surrendered or otherwise invalid, I must cease operating this license and immediately surrender the hard card and medallion to BACP until I have registered an approved safety device, workers compensation insurance and have complied with all other requirements.

__________________________
Signature

__________________________
Print Name

__________________________
Licensee/Company Name

__________________________
Date

Subscribed and sworn to before me this
__________________________
day of _____________________ 20___

__________________________
Notary Public

*******************************************************************************  BACP USE ONLY  *******************************************************************************

CONFIRMED STATUS OF CHAUFFEUR LICENSE(s)  -  BACP STAFF INITIALS: _______
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: ____________________
City of Chicago
Department of Business Affairs and Consumer Protection

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):

<table>
<thead>
<tr>
<th>BUYER</th>
<th>ITEMIZED LIST OF PAYMENTS</th>
<th>PAID TO</th>
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<tbody>
<tr>
<td>Contract sale price</td>
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<tr>
<td>Loan fee</td>
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<tr>
<td>Earnest Money Deposit</td>
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<td>Loan Amount</td>
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<td>Broker's Loan Fee</td>
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<td>Transfer Fee</td>
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<td>Document Preparation</td>
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<td>Additional Funds to Close</td>
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<tr>
<td>Agent Processing Fee</td>
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<td>Finance Charge/APR</td>
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<td><strong>Total Closing Costs</strong></td>
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<th>Seller</th>
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<tr>
<td>Contract Sale Price</td>
<td></td>
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<tr>
<td>Loan Payoff(s)</td>
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<td>Earnest Money Deposit</td>
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<td>Ground Tax Escrow</td>
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<tr>
<td>Brokerage Fee</td>
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<tr>
<td>Transfer Fee</td>
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<tr>
<td><strong>Total Received</strong></td>
<td></td>
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</tbody>
</table>

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
 __________________________
 __________________________
 __________________________

** 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__
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 a referral by 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, and the Northwestern University Legal
Assistance Clinic (312) 503-8576.

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 WITHIN THE TIME PRESCRIBED, 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. Remember, the Affidavit of Defense must be received by the Creditor or 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.

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.

Version Date November 10, 2016
I/We ___________________________ hereby affirm that this Notice of Creditor's Request to
Transfer Public Passenger Vehicle License upon foreclosure was mailed to the above listed debtor/licensee
______________________________, by certified mail, return receipt requested
on this ______ day of ____________, 20______

A COPY OF THE RETURN RECEIPT MUST ACCOMPANY THE NOTICE OF CREDITOR'S REQUEST TO TRANSFER THE 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 ALONG WITH THE AFFIDAVIT OF TRANSFER UPON DEFAULT FORM 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 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 by the Department of Business Affairs and Consumer Protection.

My defense to this foreclosure is:

____________________________________

____________________________________

____________________________________

____________________________________

Signature: ________________________________

Print Name: ________________________________

Relationship to Medallion License/Title ________________________________

Address: ________________________________

Phone: ________________________________

Email Address: ________________________________

Subscribed and Sworn to before me this ______ day of ____________, 20____.

____________________________________

Notary Public

Version Date November 10, 2016
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
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’s Department of Business Affairs and Consumer Protection (BACP) 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 and the amount owed has been paid in full. 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 BACP in accordance with the Rules and Regulations for Public Passenger Vehicles.

______ The debt/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 debt/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 debt 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 seller/debtor and have no objection to the transfer of this medallion to the above listed purchaser.

______ Other (please specify):

___________________________________________________________________________________________

___________________________________________________________________________________________

Print name:__________________________________________

Position:____________________________________________

Lender:_____________________________________________

Signature:___________________________________________

Date:_______________________________________________
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: ________________________________
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: _________________________________________________________
BULK SALES NOTIFICATION

Date of Notice: __________________________ Date of Intended Sale: __________________________

I. Identify the Business being sold:

Business Name: __________________________ D/B/A: __________________________
Business Address: __________________________
City: __________________________ State: __________________________ Zip Code: __________________________
Business Phone: __________________________ Business Fax: __________________________
Federal ID # (FEIN): __________________________ IL IBT #: __________________________
City IRS # / City Account #: __________________________
Business Structure (e.g., sole proprietor, partnership, corporation): __________________________
Business Activity: __________________________
Number of Years at Site: __________ Last Date of Operation (if Applicable): __________
Taxes Currently Registered For (attach a schedule, if necessary):
Tax Code: __________________________ Start Date: __________________________
Tax Code: __________________________ Start Date: __________________________

II. Identify the Property being sold:

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

Property Index Number (PIN) for Real Estate Being Sold (if real estate is part of Business with City license):

Medallion Number(s) (if applicable):

III. Sales Price (attach copy of agreement):

Purchase Price: $ __________________________
Price attributed to Real Estate (if real estate part of Business with City license): $ __________________________
Amount Escrowed for City of Chicago taxes, interest, penalties, nontax debts and other debts owed by the seller/transferor to the City of Chicago: $ __________________________
IV. Transferor/Seller Information:

- Business Name: 
- D/B/A: 
- Business Address: 
- City: 
- State: 
- Zip Code: 
- Business Phone: 
- Business Fax: 
- Email Address: 
- Federal ID # (FEIN/SSN): 
- IL IBT #: 
- City IRIS #: 
- City Account #: 
- Business Structure (e.g., sole proprietor, partnership, corporation): 
- Business Activity: 
- Driver's License # (if sole proprietor): 

- Attorney's Name: 
- Attorney's Signature: 

V. Transferee/Buyer Information:

- Business Name: 
- D/B/A: 
- Business Address: 
- City: 
- State: 
- Zip Code: 
- Business Phone: 
- Business Fax: 
- Email Address: 
- Federal ID # (FEIN/SSN): 
- IL IBT #: 
- City IRIS #: 
- City Account #: 
- Business Structure (e.g., sole proprietor, partnership, corporation): 
- Business Activity: 
- Driver's License # (if sole proprietor): 
- Taxes Currently Registered For (attach a schedule, if necessary): 
- Tax Code: 
- Start Date: 
- Tax Code: 
- Start Date: 

- Attorney's Name: 
- Attorney's Signature: 

__________________________
Print Name of Filer

__________________________
Signature of Filer

__________________________
Person Representing Filer

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

For Office Use Only:
Date Received: 
45 Days Allowance: YES NO
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 appoint [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>
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<tr>
<th>Type of Tax</th>
<th>Year(s) or Period(s)</th>
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</table>

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:

(Signature)

(Signature)

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.)

(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.
If the power of attorney is granted to a person other than an attorney or certified public accountant, the taxpayer(s) signature must be witnessed or notarized below. (The representative must complete Part II. Only representatives listed there are recognized to practice before the Chicago Department of Finance.)

The person(s) signing as or for the taxpayer(s): (Check and complete one.)

[ ] I have known to and signed in the presence of the two disinterested witnesses whose signatures appear here:

(Signature of Witness)  (Date)  

(Signature of Witness)  (Date)  

[ ] I appeared this day before a notary public and acknowledged this power of attorney as a voluntary act or deed.

Witness: ..................................................  NOTARIAL SEAL  ..................................................

(Signature of Notary)  (Date)  (If required by State Law)

PART II - Declaration of Representative

1 I declare that I am not currently under suspension or disbarment from practice before any court or tribunal that I am one of the following:

2 a bona fide officer of the taxpayer organization;
3 a full-time employee of the taxpayer;
4 a member of the taxpayer's immediate family (spouse, parent, child, brother, or sister);
5 Director's special authorization;
6 Certified Public Accountants.

and that I am authorized to represent the taxpayer identified in Part I for the tax matters there specified.

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<tr>
<th>Designation</th>
<th>Jurisdiction</th>
<th>Signature</th>
<th>Date</th>
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<tr>
<td>(insert appropriate number from above list)</td>
<td>(State, etc.)</td>
<td></td>
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</table>


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;

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
City of Chicago
Department of Business Affairs and Consumer Protection
Public Vehicle Operations Division • 2350 W. Ogden • Chicago, IL • 60607 • 312-746-4300

AFFIDAVIT OF SALE PRICE - BUYER

I, ____________________________________________________________, being duly sworn on oath, affirm that I am an officer, member, shareholder, owner or authorized agent for ______________________________________________________ (Applicant Name)
purchaser of taxicab medallion license number(s): ______________________________________________________ TX for the purchase price of $ ______________________________________________________ (each).

I affirm that the above taxicab medallion license(s) are being purchased for less than the current average market value because (Be Specific):
__________________________________________________________________________________________

__________________________________________________________________________________________

I affirm that there are no oral or written agreements regarding the purchase price of the above taxicab medallion license(s) which have not been disclosed in writing on this form to the Department of Business Affairs and Consumer Protection.

I further understand that pursuant to 9-112-390 MCC, any false or misleading statements made on this affidavit may result in the revocation of any City license in which I hold an interest, including the license(s) at issue.

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.

Signed: ____________________________________________________________

Title: ____________________________________________________________

Date: ____________________________________________________________

Subscribed and sworn to before me this
__ day of ____________________, 20____

______________________________________________, 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 declaration, 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.

Version Date November 3, 2014
City of Chicago
Department of Business Affairs and Consumer Protection
Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

AFFIDAVIT OF SALE PRICE - SELLER

I, ________________________________, being duly sworn on oath, affirm that I am an officer, member, shareholder, owner or authorized agent for taxicab medallion license number(s) ________________________________

TX held by license holder ____________________________________________________________ (Name of Licensee)

I affirm that the above taxicab medallion license(s) are being sold for the selling price of $ ________________________________ (each).

License holder named above is selling the above taxicab medallion license(s) for less than the current average market value because (Be Specific): ____________________________________________________________

I affirm that there are no oral or written agreements regarding the selling price of the above taxicab medallion license(s) which have not been disclosed in writing on this form to the Department of Business Affairs and Consumer Protection.

I further understand that pursuant to 9-112-390 MCC, any false or misleading statements made on this affidavit may result in the revocation of any City license in which I hold an interest, including the license(s) at issue.

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.

Signed: ____________________________________________________________

Title: ____________________________________________________________

Date: ____________________________________________________________

Subscribed and sworn to before me this

_________________ day of __________________________, 20________

_________________________, Notary Public

<<<<<<<<<<< NOTICE >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

1-21-810 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.

1-21-820 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.

1-21-830 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.

Version Date: November 3, 2014