Pedicab Vehicle License RENEWAL Checklist
April 1, 2018 – March 31, 2019 License Term

RENEWAL APPOINTMENTS
The annual license renewal period for pedicab licenses begins in March.
Each pedicab licensee is scheduled for a renewal appointment. You must submit your renewal application and all required documents including proof of insurance at the time of renewal.

Report to the Public Vehicle Operations Division at 2350 W. Ogden Avenue, 1st Floor, Chicago, Illinois 60608 to complete your renewal.
The date and time of your appointment is listed on the enclosed 2019 RENEWAL APPOINTMENT NOTICE. Requests to reschedule a renewal appointment must be e-mailed to BACPPV@cityofchicago.org.

DEBT AND HOLDS
All debt owed to the City of Chicago must be resolved before you renew your license. If your account has debt holds, a Hold Notice will be included as part of this package. Debt holds include, but are not limited to taxes (including ground transportation taxes) and parking violation fines. Additional holds may be placed after the hold notice is printed. You will be responsible for paying all City debt prior to renewal of the license.

RENEWAL DOCUMENTS CHECKLIST
The following documents must be completed and submitted at the time of your renewal appointment:

1. CERTIFICATE OF GOOD STANDING / LLC FILE DETAIL REPORT FOR LLCs - Submit
   If the license(s) is in the name of a corporation or LLC, the licensee must provide a Certificate of Good Standing from the Illinois Secretary of State or a Corporation or LLC File Detail Report downloaded from the Secretary of State Web site indicating that the corporation or LLC is in good standing. Proof of Good Standing must be dated after February 1, 2018.

2. LICENSE RENEWAL & OWNERSHIP VERIFICATION FORM – Complete & Submit
   The information provided must correspond to corporate minutes or operating agreement previously submitted to BACP. Discuss any discrepancies or omissions with a BACP staff member at your renewal appointment. If you wish to make changes to your corporation’s officers or shareholders, you must submit a Change of Officer application.

3. INSURANCE CERTIFICATE - Submit
   Licensees must submit a Certificate of Insurance indicating the minimum mandated coverage for the license period to BACP’s Public Vehicle Operations Division, 2350 W. Ogden, 1st Floor, Chicago, IL 60608 on or before their renewal appointment. Please refer to 9-110-080 MCC for specifics on insurance requirements.

4. LICENSE RENEWAL FEE PAYMENT - Submit
   Licensees must submit the full amount of the license renewal fee at the time of the renewal appointment. The pedicab license renewal fee is $250.00. Cash amounts over $1,000.00 are not accepted. Personal checks are not accepted. The license fee may be paid by credit card, certified check or money order. Certified checks and money orders should be made payable to the “City of Chicago”.

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Pedicab Vehicle License Authorized Agent Form

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE REGISTERED OWNER OR SHAREHOLDER

LEGAL NAME OF LICENSEE:
★ WRITE YOUR NAME IF RENEWING A LICENSE HELD IN YOUR NAME, OTHERWISE WRITE COMPANY NAME

Complete the information below for each company employee or agent that is authorized to represent your license(s) at BACP. Attach a copy of their government-issued photo identification. All agents must be over eighteen years old to represent your license account at BACP.

Name: _________________________________________________ Title:__________________________________(e.g. manager/employee)
Email Address: _________________________________________ Phone Number:________________________________
Date of Birth: _________________________________ SSN: ______ ______ ______ - ______ _____ - _______ ______ ______ _______

Name: _________________________________________________ Title:__________________________________(e.g. manager/employee)
Email Address: _________________________________________ Phone Number:________________________________
Date of Birth: _________________________________ SSN: ______ ______ ______ - ______ _____ - _______ ______ ______ _______

Name: _________________________________________________ Title:__________________________________(e.g. manager/employee)
Email Address: _________________________________________ Phone Number:________________________________
Date of Birth: _________________________________ SSN: ______ ______ ______ - ______ _____ - _______ ______ ______ _______

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

Print Full Legal Name of Registered Owner or Shareholder

Title:______________________________________________
Date Signed:______________________________________

Signature Line

Version Date: January 26, 2018