
A pedicab vehicle license authorizes the pedicab vehicle to operate in the City of Chicago. The pedicab license is not transferable.

The annual pedicab vehicle license fee is $250.00. Pedicab license term is April 1 to March 31.

The pedicab chauffeur license is a separate license. See www.cityofchicago.org/bacp for details.

Submit a complete license application (pages 2-7) to apply for one license. For additional licenses, submit only pages 5 and 7 (Pedicab Vehicle Information Page & Signature Page) for each additional pedicab vehicle license sought.

Applications must be submitted to the BACP office located at 2350 W. Ogden Ave., 1st Floor, Chicago, IL 60608.

Only applications submitted by applicants that have resolved outstanding debt owed to the City of Chicago will be reviewed.

Keep a copy of all documents submitted to BACP.

The following documents must be submitted with your application:

1. A completed, notarized Pedicab Vehicle License Application. Answer all applicable questions legibly.
2. Proof of Ownership of the pedicab vehicle or lease agreement that covers license term and acknowledges use as pedicab.
3. A copy of your driver’s license or government-issued photo identification.
4. Debt Clearance letter from the City’s Department of Finance (DOF) located at 121 N. LaSalle, City Hall, Room 107. Bring your driver’s license and the License Application form with you to the DOF to obtain the debt clearance letter.
5. Receipt for fingerprinting/background check from a BACP-approved agency that lists the transaction control number (TCN). Applicant must submit to a National/FBI level background check. Contact agency for locations, hours of operations, and prices. A list of approved fingerprint vendors may be found on our website at www.cityofchicago.org/bacp.
6. For companies (corporations or LLCs) that are applying:
   a. Articles of Incorporation/Organization for the company or proof of other ownership structure.
   b. Corporate minutes/LLC Operating agreement with the selection of officers and percentage of ownership listed.
   c. Certificate of Good Standing from the Secretary of State of Illinois Corporate Division, or a "Corporate File Detail Report" downloaded from the Illinois Secretary of State’s website indicating an “Active” status.
   d. List all officer/member/shareholder titles on the application.
7. Proof of principal place of business within the corporate boundaries of the City of Chicago (acceptable records are property lease agreement, property tax record, or utility bill).
8. 8 ½ x 11 color photographs of each pedicab vehicle for which a license is sought. Photos should show ALL the required equipment listed on page 5 of this application. Write the serial number of the pedicab on the back of each photo.
9. Proof of required City of Chicago insurance coverage for pedicabs. This must be in the form of a certificate from your insurance company that lists the pedicab serial number(s). Minimum insurance coverage for each pedicab is: $50,000 for property damage; $100,000 for injuries to or death of any one person; and $300,000 for injuries to or death of more than one person in any one accident with a maximum of $100,000 payable to any one person. The insurance certificate must list the City of Chicago, Department of Business Affairs and Consumer Protection, Public Vehicle Operations Division at 2350 W. Ogden Avenue Ave., First Floor, Chicago, IL 60608 as the certificate holder and that information must also be listed on the face of the certificate in the Certificate Holder box. Certificates must also list the following information in the area marked “Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions”: “The policy identified on this certificate complies with all applicable insurance requirements mandated by Federal, State of Illinois and City of Chicago laws. City of Chicago is an additional insured. Should any of the above policies be cancelled before the expiration date shown on this certificate, the issuing insurer will mail a written notice in advance of cancellation to the certificate holder named on this certificate.”
10. Pedicab License fee is $250 per license. The fee must be paid by credit card, certified check, money order, or cash before any license is issued.
PEDICAB LICENSE APPLICATION
(version date 4.7.2017)

PLEASE PRINT

NUMBER OF LICENSES SOUGHT: ____________________

1. TYPE OF LEGAL ENTITY APPLYING FOR PEDICAB VEHICLE LICENSE (MUST CHECK A OR B):
   _____ A. INDIVIDUAL NAME (SOLE PROPRIETORSHIP) *SKIP QUESTIONS 13-15 IF APPLYING AS AN INDIVIDUAL
   _____ B. COMPANY NAME (A CORPORATION OR LLC)

2. LEGAL NAME OF APPLICANT: ____________________________________________________________________________________
   ★ WRITE INDIVIDUAL’S NAME IF APPLYING AS A SOLE PROPRIETOR, OTHERWISE WRITE COMPANY NAME

3. PRINCIPAL PLACE OF BUSINESS ADDRESS FOR ENTITY LISTED ON LINE 2 (MUST BE IN THE CITY OF CHICAGO):
   ____________________________________________________________________________________________________________

4. ENTITY WEB ADDRESS: _______________________________________________________________________________________

5. ENTITY E-MAIL: _______________________________________________________________________________________________

6. ENTITY BUSINESS PHONE NUMBER: (__________) _________________________________________________________________

7. ENTITY FAX NUMBER: (__________) __________________________________________________________________________

8. ON-SITE MANAGER NAME(s): __________________________________________________________________________________

9. ON-SITE MANAGER PHONE NUMBER(s): (__________) ______________________________________________________________

10. ON-SITE MANAGER EMAIL ADDRESS(es): _______________________________________________________________________

11. 24-HOUR CONTACT NAME: ___________________________________________________________________________________

12. 24-HOUR CONTACT PHONE NUMBER: __________________________________________________________________________

13. STATE OF ILLINOIS CORPORATE/LLC FILE#: ___________________________________________________________________
    ► Attach Certificate of Good Standing from Illinois Secretary of State or LLC/Corporate File Detail Report.

14. FEIN #: ___________________ IBT#: ___________________ 

15. REGISTERED AGENT NAME: ________________________________

   REGISTERED AGENT ADDRESS: ___________________________________________________________________________________
   CITY/STATE/ZIP: _______________________________________________________________________________________________
   REGISTERED AGENT PHONE NUMBER: (_________) __________________________________________________________________
OWNERSHIP INFORMATION

COMPLETE THE FOLLOWING INFORMATION FOR INDIVIDUAL OWNERS,
AND ALL SHAREHOLDERS, OFFICERS, DIRECTORS AND MEMBERS
(attach additional sheets if needed)

TITLE(S): ___________________________________________________ STOCK OR OWNERSHIP INTEREST HELD: _____%

FULL LEGAL NAME: ____________________________________________

DATE OF BIRTH: ____________________ SOCIAL SECURITY NUMBER: __________ - ________ - ________

HOME ADDRESS: ______________________________________________

HOME PHONE NUMBER: ________________________________________

CELL PHONE NUMBER: ________________________________________

BUSINESS PHONE NUMBER: __________________________________

EMAIL ADDRESS: _____________________________________________

DRIVER’S LICENSE NUMBER: __________________________________ STATE ISSUED: ________________

TITLE(S): ___________________________________________________ STOCK OR OWNERSHIP INTEREST HELD: _____%

FULL LEGAL NAME: ____________________________________________

DATE OF BIRTH: ____________________ SOCIAL SECURITY NUMBER: __________ - ________ - ________

HOME ADDRESS: ______________________________________________

HOME PHONE NUMBER: ________________________________________

CELL PHONE NUMBER: ________________________________________

BUSINESS PHONE NUMBER: __________________________________

EMAIL ADDRESS: _____________________________________________

DRIVER’S LICENSE NUMBER: __________________________________ STATE ISSUED: ________________

TITLE(S): ___________________________________________________ STOCK OR OWNERSHIP INTEREST HELD: _____%

FULL LEGAL NAME: ____________________________________________

DATE OF BIRTH: ____________________ SOCIAL SECURITY NUMBER: __________ - ________ - ________

HOME ADDRESS: ______________________________________________

HOME PHONE NUMBER: ________________________________________

CELL PHONE NUMBER: ________________________________________

BUSINESS PHONE NUMBER: __________________________________

EMAIL ADDRESS: _____________________________________________

DRIVER’S LICENSE NUMBER: __________________________________ STATE ISSUED: ________________

THIS FORM MAY BE DUPLICATED AS NEEDED FOR ADDITIONAL OWNERS/OFFICERS/MEMBERS/SHAREHOLDERS
16. HAVE YOU, OR ANY OFFICER, SHAREHOLDER, MEMBER, OWNER OR THE APPLICANT COMPANY EVER HAD AN Ownership interest in any state or city license which was suspended or revoked? (Yes or No): __________

► IF YES, LIST THE LICENSE TYPE, LICENSE NUMBER, DATE AND REASON FOR SUSPENSION OR REVOCATION:_________

17. HAVE YOU, OR ANY OFFICER, SHAREHOLDER, MEMBER, OR OWNER BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN(10) YEARS? (Yes or No): ______________________________________________________________________________

► IF YES, LIST THE DEFENDANT'S NAME, TYPE OF OFFENSE, DATE, CITY, AND STATE WHERE CONVICTED:

18. ARE THERE PENDING CHARGES AGAINST YOU, THE APPLICANT COMPANY, OR ANY OFFICER, SHAREHOLDER, MEMBER, OR OWNER? (Yes or No):_______________________________________________________________

► IF YES, LIST THE DEFENDANT'S NAME, TYPE OF OFFENSE, NEXT COURT DATE, COURT CITY AND STATE WHERE PENDING:____________________________________________________________________________________

19. DO YOU OR ANY OF THE ABOVE LISTED INDIVIDUALS OR THE APPLICANT COMPANY HOLD ANY OTHER CITY OF CHICAGO LICENSES? IF SO, PLEASE LIST THE NAME OF PERSON OR ENTITY HOLDING THE LICENSE, TYPE OF LICENSE HELD AND LICENSE NUMBER:__________________________________________________________________________________________
PEDICAB VEHICLE INFORMATION

IRIS#: ___________________( existing accounts only)

Below are the minimum qualifications for a pedicab vehicle. Complete this page for each pedicab vehicle license sought. Signature of qualified pedicab technician is required for each pedicab vehicle. Qualified technician cannot be employed by the applicant/licensee.

INFORMATION FOR VEHICLE#: ____________________________

Serial number or unique identification number etched on Pedicab Vehicle: ____________________________________________

YEAR, MAKE, MODEL, STYLE AND COLOR OF PEDICAB VEHICLE: ________________________________________________

► Attach 8 ½ x 11 color photographs of this pedicab vehicle. Write serial number on back of photos.

1) PEDICAB VEHICLE IS OWNED OR LEASED? ___________________________ IF LEASED, ATTACH COPY OF LEASE.

2) PEDICAB VEHICLE SIZE IN INCHES (INCLUDING THE BICYCLE AND THE CART) IS: ___________________ INCHES WIDE BY _______________ INCHES LONG (ABOVE MEASUREMENTS SHOULD NOT EXCEED 55" WIDE AND 120" LONG)

3) HOW MANY PASSENGERS DOES THE PASSENGER AREA COMPARTMENT SEAT? ________________________________

DOES THE PEDICAB VEHICLE HAVE ALL OF THE FOLLOWING FUNCTIONING EQUIPMENT? CHECK YES OR NO

4) SEATBELTS FOR ALL PASSENGERS? YES ________ NO________

5) HEADLIGHTS THAT ARE CAPABLE OF PROJECTING LIGHT FOR 500 FEET?  YES ________ NO________

6) RED TAILLIGHTS ON REAR EXTERIOR PASSENGER COMPARTMENT (LEFT & RIGHT SIDES)? YES ________ NO________

7) HYDRAULIC, DISC OR DRUM BRAKES THAT ARE UNAFFECTED BY WET CONDITIONS?  YES ________ NO________

8) SPOKE OR WHEEL RIM DEFLECTORS ON EACH WHEEL OF THE PEDICAB VEHICLE? YES ________ NO________

9) TURN LIGHTS (DIRECTIONALS)?  YES ________ NO________

10) BELL, HORN OR OTHER AUDIBLE DEVICE?  YES ________ NO________

11) COMPANY SIGNAGE POSTED WITH YOUR COMPANY NAME, PHONE NUMBER AND RATES?  YES ________ NO________

SIGNATURE OF QUALIFIED PEDICAB TECHNICIAN: __________________________________________________________

PRINT NAME OF QUALIFIED PEDICAB TECHNICIAN: __________________________________________________________

COMPANY WHERE EMPLOYED AS TECHNICIAN: ______________________________________________________________

CONTACT PHONE NUMBER: (__________)_________________________________________________________________

EMAIL ADDRESS: ________________________________________________________________________________________

DATE SIGNED: _________________________________________________________________________________________

SUBSCRIBED AND SWORN BEFORE ME THIS ___________ DAY
OF ____________________________________________, 20___________.

___________________________________________________________________________________________

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

Name: ____________________________________________ Title: __________________________
Email Address: ____________________________________________ Phone Number: __________________________
Date of Birth: _______________________________ SSN: ______ ______ ______ - ______ __________ - _______ ______ ______ ______

Name: ____________________________________________ Title: __________________________
Email Address: ____________________________________________ Phone Number: __________________________
Date of Birth: _______________________________ SSN: ______ ______ ______ - ______ __________ - _______ ______ ______ ______

Name: ____________________________________________ Title: __________________________
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 ____________________________________________ Title: __________________________

Signature Line ____________________________________________ Date Signed: __________________________

Relationship to Licensee Listed Above
LEGAL NAME OF APPLICANT: ____________________________________________

★ WRITE YOUR NAME IF APPLYING AS A SOLE PROPRIETOR, OTHERWISE WRITE COMPANY NAME

I, ____________________________________________, attest to the following:

PRINT YOUR FIRST NAME MIDDLE NAME LAST NAME

RELATIONSHIP TO APPLICANT: ____________________________________________

(IF APPLYING AS A SOLE PROPRIETOR WRITE “SELF”)

➢ I am applying for a City of Chicago Pedicab License for myself or on behalf of a company in which I have an ownership interest.
➢ I have read MCC Section 9-110-040 “Pedicab license - Qualifications for license” and I affirm that applicant(s) meet all the requirements to obtain a Pedicab License.
➢ I have read MCC Section 9-110-060 “Investigation and issuance of pedicab license” and I understand that applicant(s) must submit to a fingerprint background check at an agency approved by BACP. I further understand that applicant(s) are responsible for any expenses associated with the background check whether applicant(s) are approved for a license or not. I understand that applicant(s) will be photographed by BACP as part of the licensing process.
➢ I have read MCC Section 9-110-080 “Insurance – Required” and I understand that applicant(s) are responsible for securing the required insurance associated with a Pedicab Vehicle License.
➢ I have read MCC Section 9-110-090 “Pedicab license decal and metal plate– Required” and the pedicab vehicle to be used with this license complies with the required vehicle specifications.
➢ I affirm that all the statements made and given on this form and any accompanying documents are true and correct. I understand that any misstatements, inaccuracies and/or omissions made on this form or any accompanying documents (intentional or unintentional) will result in the denial of this license application.
➢ I hereby give authorized consent to the City of Chicago to obtain applicant(s) complete criminal and motor vehicle driving history records.

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.

Signature of Applicant listed above: ____________________________________________ Date: __________________________

SUBSCRIBED AND SWORN BEFORE ME THIS ___________ DAY

OF __________________________, 20__________.

________________________________________________________

NOTARY PUBLIC (SEAL)

************************************************************************ OFFICE USE ONLY************************************************************************

DATE RECEIVED: __________________________ DATE APPROVED: __________________________

HOLDS CHECKED? __________________________ APPROVED BY: __________________________

COMMENTS: __________________________________________________________________________

________________________________________________________________________________________