



City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division • 2350 W. Ogden, First Floor • Chicago, IL 60608
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PUBLIC CHAUFFEUR and PUBLIC VEHICLE CHANGE OF ADDRESS / NAME CHANGE FORM v.10.14.2022

SELECT ONE: CHANGE OF ADDRESS NAME CHANGE

LICENSE TYPE: CHAUFFEUR
(CHECK ALL THAT APPLY) PUBLIC VEHICLE (TAXI, LIVERY, OTHER: _____)

BACP LICENSE NUMBER: _____ (chauffeur number, taxi number, livery number etc.)

CHANGE OF ADDRESS INFORMATION

➤ Provide new information below (No P.O. Boxes allowed)

- RESIDENCE
- PRINCIPAL PLACE OF BUSINESS
- BOTH

Street Address _____ Apt / Suite / Unit # _____

City _____ State _____ Zip _____

Phone Number cellular _____ business / other _____

Email Address _____

Effective Date of New Address: _____

LEGAL NAME CHANGE INFORMATION

➤ **You are required to submit acceptable proof of Legal Name Change. For companies, you must submit the articles of amendment and the company minutes that reflect the new company name.**

FORMER NAME: _____

NEW NAME: _____

I am authorized to complete and submit this form on behalf of the above-named City of Chicago license holder. I affirm that all the information and statements made on this form are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me in this form (intentional or unintentional) or any attachments will result in applicable sanctions. 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 NAME: _____

Title / Relationship with License Holder: _____

Signature: _____ **Date Submitted:** _____

BACP OFFICE USE ONLY:

Date Received (date stamp)

_____	_____
CS Staff Initials	Date Processed
_____	_____
PV Staff Initials	Date Processed