



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 FORM v.d 3.3.2023

LICENSE TYPE: CHAUFFEUR LICENSE NUMBER: _____

(CHECK ALL THAT APPLY) PUBLIC VEHICLE LICENSE NUMBER: _____

COMPANY NAME: _____

CHAUFFEUR NAME: _____

CHANGE OF ADDRESS INFORMATION

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

- RESIDENCE
- PRINCIPAL PLACE OF BUSINESS
- BOTH

HOME Street Address _____ Apt / Suite / Unit # _____

City _____ State _____ Zip _____

Phone Number cellular _____ business / other _____

Email Address _____

Effective Date of New Address: _____

BUSINESS Street Address _____ Apt / Suite / Unit # _____

Chicago, IL Zip _____

Phone Number cellular _____ business / other _____

Email Address _____

Effective Date of New Address: _____

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