



City of Chicago
Department of 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

PUBLIC CHAUFFEUR LICENSE APPLICATION FOR NEW APPLICANTS

PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURE. READ AND COMPLETE BOTH SIDES.

CHECK CHAUFFEUR LICENSE TYPE: Taxi Restricted-Limo Restricted-Horse Drawn Carriage

NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

RESIDENCE: _____
STREET ADDRESS APT# CITY STATE ZIP CODE

CONTACT INFO.: (_____) _____ (_____) _____
HOME PHONE CELL PHONE EMAIL ADDRESS

BIRTHDATE: _____ PLACE OF BIRTH: _____ RACE: _____ SEX: _____

SOCIAL SECURITY#: _____ - _____ - _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

DRIVER'S LICENSE #: _____ STATE DRIVER LICENSE ISSUED IN: _____

READ AND ANSWER THE FOLLOWING. You are required to disclose all pending and previous criminal cases, including DUIs; even, if you have received supervision as the penalty. If needed, attach additional papers.

1. a. Have you EVER previously applied for a City of Chicago public chauffeur's license? (Yes/No) _____
b. Have you EVER applied for or received a public chauffeur's license under another name? (Yes/No) _____
c. If "YES" to either question 1a. OR 1b., list ALL previous license number(s) and describe each circumstance below:

LICENSE #	STATUS (EXPIRED, REVOKED, SUSPENDED)	DATE ISSUED	DATE ENDED/EXPIRED

2. Have you EVER pled guilty, been convicted of, or been found guilty of ANY crime, including misdemeanors for which supervision was given, in ANY court of ANY jurisdiction? (Yes/No) _____
If "YES", list and describe each circumstance below:

COURT DATE	CITY & STATE	OFFENSE	SENTENCE	DISCHARGE DATE

3. Have you EVER pled guilty, been convicted of, or been found guilty of a DUI (driving a motor vehicle while under the influence of alcohol or narcotic drugs) or ANY criminal offense, including misdemeanors for which supervision was given, while driving or operating a motor vehicle? (Yes/No)_____ If "YES", list and describe each circumstance below:

COURT DATE	CITY & STATE	OFFENSE	SENTENCE	DISCHARGE DATE
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4. Are there any DUI (driving a motor vehicle while under the influence of alcohol or narcotic drugs) or any criminal charges pending against you which have not yet been adjudicated? (Yes/No)_____ If "YES", list and describe each circumstance below:

COURT DATE	CITY & STATE	OFFENSE	NEXT COURT DATE
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5. Are you or have you EVER been subject to epilepsy, vertigo, heart disease, defective vision, addicted to the use of drugs or intoxicating liquors, or other infirmity of body or mind which may substantially impair your ability to drive or operate a motor vehicle? (Yes/No)_____ If "YES", list and fully explain the circumstances below:

6. Has your motor vehicle driver's license EVER been suspended or revoked for any reason? (Yes/No)_____ If "YES", list and describe each circumstance below:

DATE	CITY, STATE, COUNTRY	OFFENSE	SENTENCE
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I affirm that all the information given in this license application is true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me in this application (intentional or unintentional) will result in the denial of my license application or the revocation of any license granted pursuant to this application.

I hereby give my consent for the City of Chicago to obtain my complete criminal and motor vehicle driving history records.

I understand that a public chauffeur license is a privilege granted and not a property right; that this license is the property of the City of Chicago and must be surrendered to the City of Chicago upon demand.

I understand that a Restricted Public Chauffeur License Holder is limited to operating a livery, a horse drawn carriage, or any public passenger vehicle that is NOT a taxicab.

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.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public (SEAL)

Signature of Applicant

Date Signed

BACP USE ONLY

A. Written test results:

Date	Test Type (ex. "TAXI")	Score	Pass/Fail	Proctor Comments
1.				
2.				
3.				

B. Fingerprints check: _____ Date: _____ Cleared: _____ Disposition needed: _____

C. Permanent License Approval: YES _____ NO _____ Date: _____ Staff Initials: _____

D. Denial Letter Sent: Yes / No Date: _____ Reason for Denial: _____