

4. Do you have or have you **EVER** had a physical disorder or mental illness that may render you incapable of safely driving and operating a public passenger vehicle, including, but not limited to, defective vision, epilepsy, vertigo, or paranoid schizophrenia? _____ If "YES", list and fully explain the circumstances below:

5. Are you now or have you **EVER** been addicted to any drugs, substances, or intoxicating liquors? _____ If "YES", list and fully explain the circumstances below:

6. Has your current or any previous driver's license **EVER** been suspended or revoked for **ANY** reason? _____ If "YES", list and describe each circumstance below:

► DATE	CITY, STATE	OFFENSE	SENTENCE
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7. Do you owe any money (such as a parking ticket, an administrative fine, or water bill) to the City of Chicago? _____ If "YES", list the amount owed and type(s) of debt below:

8. Have you been ordered to pay child support by a court or administrative body? _____ If "YES", list your case number(s) and the amount owed below:

I affirm that all the information given on this license application is true and correct and that I am fit to safely operate a public passenger vehicle. I understand that any misstatements, inaccuracies, or omissions made on this application, whether intentional or unintentional, may result in the denial of my license application or the rescission 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 that this license must be surrendered to the City of Chicago upon demand. 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

Date Signed

BACP STAFF USE ONLY

A. Permanent / Temporary (circle one)

License Approved: ☐ YES ☐ NO Expiration Date: _____ Staff Initials: _____ Date: _____

B. Denied / Rescinded (circle one) Date: _____ Staff Initials: _____ Date: _____

Reason for Denial/Rescission: _____

C. Denial/Rescission Letter Mailed: ☐ YES ☐ NO Date: _____ Staff Initials: _____ Date: _____

Comments: _____
