



# City of Chicago

## Business Affairs and Consumer Protection

Public Vehicle Operations Division • 2350 W. Ogden, First Floor • Chicago, IL 60608  
312-746-4200 • BACPPV@CITYOFCHICAGO.ORG • WWW.CHICAGO.GOV/BACP

### PUBLIC CHAUFFEUR and PUBLIC VEHICLE CHANGE OF ADDRESS / NAME CHANGE FORM v.d. 4.14.2020

**TYPE OF LICENSE:** (CHECK ALL THAT APPLY)  CHAUFFEUR  
 PUBLIC VEHICLE (TAXI, LIVERY, OTHER: \_\_\_\_\_)  
 NAME CHANGE

**LICENSE NUMBER(S):** \_\_\_\_\_ **IRIS ACCOUNT NO.:** \_\_\_\_\_ (IF APPLICABLE)

**INDIVIDUAL (OLD NAME IF APPLICABLE) / COMPANY LICENSE HOLDER NAME:** \_\_\_\_\_

► You are required to submit acceptable proof of Legal Name Change.

**INDIVIDUAL NEW NAME (IF APPLICABLE)** \_\_\_\_\_

**NEW ADDRESS / CONTACT INFORMATION:** (CHECK ONE)  RESIDENCE  
(No P.O. Boxes allowed)  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: \_\_\_\_\_

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) 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.

Name of Person Completing this Form: \_\_\_\_\_  
Title / Relationship with License Holder: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**BACP OFFICE USE ONLY:**

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

Date Received (date stamp)

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