



# 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 · CHICAGO.GOV/BACP

### INITIAL TRANSPORTATION NETWORK PROVIDER (TNP) LICENSE APPLICATION CHECKLIST

- ▶ The Municipal Code of Chicago is published at AMLEGAL.COM.
  - The "Transportation Network Providers" (TNP) Ordinance is Municipal Code of Chicago (MCC) Chapter 9-115.
  - The "Chicago Ground Transportation Tax" Ordinance is MCC Chapter 3-46.
  - The "Department of Business Affairs and Consumer Protection" Ordinance is MCC Chapter 2-25.
  
- ▶ The Department of Business Affairs and Consumer Protection maintains a dedicated Transportation Network Provider webpage on its "Public Vehicles" webpage at CHICAGO.GOV/BACP. The following information is published on the "Chicago Transportation Network Providers (Ride-Hail Companies)" webpage:
  - The Transportation Network Providers Rules
  - TNP license summaries of Chicago's licensing and regulatory framework; fees and taxes; data reporting requirements; and traffic management directives
  
- ▶ A TNP license must be obtained by a TNP company offering compensated pre-arranged transportation services that connects passengers with drivers of vehicles for hire using an Internet-enabled application or digital platform.
- ▶ The TNP license term is April 1 to March 31.
- ▶ Applications may be submitted with all required documents either to [BACPPV@cityofchicago.org](mailto:BACPPV@cityofchicago.org) or to the BACP Public Vehicle Operations Division at 2350 W. Ogden, First Floor, Chicago, Illinois 60608.
- ▶ A license application will be reviewed once all completed documents have been received. Only applications submitted by applicants that have paid or resolved outstanding debt owed to the City of Chicago will be reviewed. Please keep a copy of all documents submitted to BACP.
  
- ▶ The following lists all required documents that **must** be submitted with a TNP application:
  1. A fully executed INITIAL Transportation Network Providers License Application.
  2. Articles of Incorporation/Organization for the company or proof of other ownership structure.
  3. Corporate minutes or operating agreement with all officers or members and their percentage of ownership listed.
  4. Certificate of Good Standing from the Secretary of State of Illinois-Corporate Division, or a "Corporate/LLC File Detail Report" downloaded from the Illinois Secretary of State's Web site indicating a status of "Active", dated within 60 days of application submission.
  5. For corporations – a list of the full legal names, titles, social security numbers, home residence addresses, e-mail addresses and home residence or cell phone numbers of: all corporate officers, directors and of those stockholders who own 25 percent or more of its voting shares.
  6. For LLCs and Partnerships– a list of the full legal names, dates of birth, social security numbers, home residence addresses, e-mail addresses and home residence or cell phone numbers of: (a) the three members who own the highest percentage interests in such partnership or limited liability company, (b) the general partner of a partnership, (c) the managing member of a limited liability company, and (d) any other member who owns a 25 percent or more interest in the LLC.

7. National/FBI level fingerprinting/background check clearance from a BACP approved agency for the individuals identified in above line items #5 or #6.
8. Proof of Place of Business within the corporate boundaries of the City of Chicago (acceptable records are property lease agreement, property tax record, or utility bill). *Note: The Municipal Code of Chicago defines Place of Business as "a location in the City where (1) the City may send, and licensee shall accept, notices of hearing or other notices from the City; and (2) the licensee maintains its business and financial records relating to its license".*
9. Submit proof of required City of Chicago insurance coverage for TNP licensees pursuant to Section 9-115-090 MCC. Read the ordinance carefully to ensure your policy is in compliance.:
  - a. Copy of primary, non-contributory Commercial General Liability insurance coverage policy not less than \$1 million dollars per occurrence, for bodily injury, personal injury, and property damage.
  - b. Copy of Commercial Automobile Liability insurance policy with a combined single limit for bodily injury and property damage of not less than \$1 million per occurrence covering liability for any occurrence after a TNP driver has accepted a request for service from a passenger from the TNP digital platform and during the transportation of passenger to the final destination.
  - c. Certificates of Insurance submitted must be issued and signed by the insurance company providing coverage. All Certificates of Insurance must contain: (1) policy issuance dates; (2) policy expiration dates; (3) a 30-day written "Notice of Cancellation" statement listing "City of Chicago/BACP, 2350 W. Ogden, 1st Floor, Chicago, IL 60608" as the certificate holder; and (4) list the "City of Chicago/BACP" as an additional insured.
10. A description of the TNP applicant's driver on-boarding process to ensure on-boarded drivers meet all qualifications listed in MCC 9-115-150.
11. A description of the TNP applicant's driver training process and materials which incorporate required training components.
12. A color photo or rendition to scale of the TNP applicant's proposed distinctive signage to be used by its affiliated vehicles at all times while being used to provide transportation network services. *MCC 9-115-120(a) states "The distinctive signage shall be sufficiently large and color contrasted (i) as to be readable during daylight hours at a distance of at least 50 feet, and (ii) to identify a particular vehicle associated with a particular licensee."*
13. A color photo or rendition to scale of the TNP applicant's "311" signage. *MCC 9-115-150(i) states "All transportation network chauffeurs are required to have a sign visible to the passengers in the rear seat of the vehicle that reads, "for compliments and complaints, please call 311".*
14. TNP applicant's plan to "enhance service to customers with disabilities" pursuant to MCC 9-115-140(c).
  - a. Verification the TNP applicant's application is accessible with the capability to connect drivers with passengers who are blind, visually impaired, deaf or hard of hearing.
  - b. Description of how the TNP applicant shall connect passengers who use wheelchairs with wheelchair accessible service.

15. Color graphic illustration or “screen shots” of how applicant’s digital platform displays for consumers/passengers: (1) the identification card of the transportation network driver; (2) a picture of the transportation network vehicle the driver is approved to use, including the license plate number of the vehicle, and the make, model and year of the vehicle; (3) the city’s 311 service center number the passenger may use to report complaints; (4) whether smoking is permitted in the vehicle; and (5) an opt-out button/option from being rated by drivers if the digital platform allows drivers to rate their passengers.
16. Color graphic illustration or “screen shots” of how applicant’s digital platform displays for consumers/passengers: (1) a button for passengers to request a fare quote displayed on the passenger’s smart phone application before the start of each ride (the fare quote button must be the same size as the button confirming/authorizing the ride); (2) during elevated pricing periods, sample notice of the time frame of the surge pricing period is displayed for passenger notice; (3) how the surge pricing quote is displayed in a dollar amount fare estimate (not a multiplier); and the size of the buttons that passenger must click on to authorize the surge price fare quote; and (4) size of button that allows passenger to opt out or decline the transportation request based on the fare quote.
17. If TNP applicant is seeking authorization to operate at Chicago airports and/or McCormick Place, the following must be submitted:
  - a. A written request to the BACP and CDA Commissioners seeking authorization for its affiliated drivers and vehicles to pick up passengers at the Airports. Written request to pick up passengers at McCormick Place should be directed to the BACP Commissioner.
  - b. A description of the TNP company’s processes and procedures in place to ensure that the company and its drivers and vehicles are in compliance and remain in compliance with Chapters 3-46 and 9-115 of the MCC and these TNP Rules.
  - c. A copy of the TNP driver training materials incorporating airport protocols for TNP drivers.
  - d. A color photo or rendition to scale of the TNP applicant’s airport authorization signage that complies with Rule TNP6.5.



## INITIAL TRANSPORTATION NETWORK PROVIDER LICENSE APPLICATION

1. LEGAL Name of TNP License Applicant Company:

\_\_\_\_\_

2. DOING BUSINESS AS (D/B/A) Name of TNP License Applicant:

\_\_\_\_\_

3. Place of Business Street Address in Chicago:

\_\_\_\_\_

**CHICAGO, ILLINOIS**

Zip Code: \_\_\_\_\_

4. Website Address: \_\_\_\_\_

5. Business Email Address: \_\_\_\_\_

6. Business Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

7. Business Fax Number: (\_\_\_\_\_) \_\_\_\_\_

8. State of Illinois Corporate/LCC File #: \_\_\_\_\_

9. Registered Agent Information:

a. Name: \_\_\_\_\_

b. Company: \_\_\_\_\_

c. Address: \_\_\_\_\_

\_\_\_\_\_

d. Contact Phone Number: \_\_\_\_\_

e. E-Mail Address: \_\_\_\_\_

## COMPANY OFFICER AND OWNER INFORMATION

10. Attach a list of **all** company officers, members, shareholders, owners, or partners which includes responses all of the following information:

- a. Individual Full Legal Name
- b. Title(s) Held
- c. Percentage of Ownership
- d. Home Street Address/City/State/Zip
- e. Contact / Business Email Address
- f. Primary Contact Phone Number
- g. Date of Birth
- h. Social Security Number
- i. Driver's License Number and list the name of the State that issued the Driver's License

## LICENSING AND CRIMINAL HISTORY

11. Has the applicant company, its owners, members, directors, partners, or officers ever had an ownership interest in any State of Illinois or City of Chicago license that has been suspended or revoked? (Yes or No): \_\_\_\_\_

▶ IF YES, list the license holder name, license type, the date and the reason of suspension or revocation:

\_\_\_\_\_

12. \_\_\_\_\_  
Has the applicant company, its owners, members, directors, partners, or officers ever been convicted of a crime, in custody, under parole or under any other non-custodial supervision resulting from a conviction from a felony within the last ten (10) years?  
(Yes or No): \_\_\_\_\_

▶ IF YES, list the Defendant's name, type of offense, date, city, and state of conviction:

\_\_\_\_\_

\_\_\_\_\_

13. Are there any pending charges against the applicant company, its owners, members, directors, partners, or officers? (Yes or No): \_\_\_\_\_

▶ IF YES, list the Defendant's name, type of offense, next court date, and court city, county and state:

\_\_\_\_\_

\_\_\_\_\_

**INDIVIDUAL COMPLETING, SIGNING, and ATTESTING TO APPLICATION**

**I,** \_\_\_\_\_  
(First-Middle-Last Name), am applying to obtain a TNP license on behalf of a company registered and authorized to do business in Illinois. I am authorized by the TNP license applicant to complete, sign, and submit this application as a principal owner or shareholder with more than 25% interest in the applicant company; as a principal officer (President or CEO); or as a principal LLC member.

i. List your title or relationship with TNP license applicant company: \_\_\_\_\_

\_\_\_\_\_

ii. Mailing Street Address:

\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

iii. Primary Contact Phone Number: \_\_\_\_\_

iv. E-Mail Address: \_\_\_\_\_

- I affirm that the applicant company meets all the requirements listed in Chapter 9-115 of the Municipal Code of Chicago and the Transportation Network Provider Rules.
- I affirm that the applicant company, if issued a TNP License, will operate in compliance with the Municipal Code of Chicago and the applicable rules.
- I affirm that all the statements made and given on this form and any accompanying documents are true and correct. I understand that any misstatements, inaccuracies and/or omissions made on this form or any accompanying documents (whether intentional or unintentional) will result in the denial or rescission of this application or any license obtained through this application.
- I hereby give authorized consent to the City of Chicago to obtain the criminal and background history records of the principals of the applicant company.
- **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:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_