



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.CITYOFCHICAGO.ORG/BACP

WAV CHAUFFEUR TAXICAB LEASE SUBSIDY REQUEST vd: 1-14-19

Taxicab Chauffeur Licenses applying for the WAV taxicab lease vehicle subsidy must complete and submit this form. Submit form and copies of lease agreements to the Public Vehicle Operations Division at 2350 W. Ogden, 1st floor, Chicago, IL, 60608 Attn: WAV Taxicab Lease Subsidy OR via email to BACPPV@cityofchicago.org.

WAV TAXICAB CHAUFFEUR LESSEE INFORMATION

Name: _____ Chauffeur License # _____

I am submitting a total number of: _____ lease(s). The lease(s) cover a time frame from _____
(mm/dd/year)
to _____. I am requesting a total amount of subsidy equal to: \$_____.
(mm/dd/year)

Requests for subsidy must be submitted on a monthly basis. Example: In December, submit a request for all paid November WAV taxi leases. Then in January, submit a request for December paid WAV taxi leases. **Each 12 hour daily lease can qualify for a \$15.00 subsidy and each 24 hour lease can qualify for a \$30.00 subsidy.**

This subsidy is limited to taxi chauffeurs who pay to lease WAV taxis. To qualify for this subsidy, a taxicab chauffeur: (1) must be in compliance with all City of Chicago laws; (2) owe no debt to the City of Chicago; (3) must be an active participant and in good standing with the City of Chicago Centralized WAV Taxi Dispatch Service (Open Taxis); and (4) has not received or his/her spouse, parent or child has not received any funds for the purchase of a WAV taxi or WAV taxi maintenance reimbursement funds as individuals or as officers/owners on behalf of a taxicab medallion license holder.

SIGNATURE AND AFFIRMATION INFORMATION

I affirm that all the information and statements made on this form and on the attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me in this subsidy application or attachments (intentional or unintentional) will result in the denial of the request submitted and/or applicable penalties; including but not limited to, revocation of the taxicab chauffeur license listed on this reimbursement form. 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.

Applicant/Chauffeur Licensee Signature: _____

Print name: _____
last name first name middle name

Home address: _____
street address apt# city state zip code

Contact info: Cell (_____) _____ Home (_____) _____

E-mail address: _____

***** SECTION BELOW MUST BE COMPLETED BY BACP STAFF *****

Amount approved: \$ _____ Request Denied: _____ Decision by: _____

Decision Date: _____ NAME & TITLE

(If Subsidy is denied, list reason here: _____)