



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 MAINTENANCE SUBSIDY REQUEST vd: 11-1-18

Taxicab Chauffeur License Holders 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 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 2018 you can copy and submit a request for all leases you obtained in the month of November 2018. Subsequently on January 2019 you can again submit a request for the leases you obtained in December of 2018. **Each 12 hour daily lease qualifies for a \$15.00 subsidy and each 24 hour lease qualifies for a \$30.00 subsidy.**

NOTE: To qualify for this subsidy taxicab chauffeur licensee must be in compliance with all City of Chicago laws and owe no debt to the City of Chicago. Licensee must be an active participant and in good standing with the City of Chicago Centralized WAV Taxi Dispatch Service (Open Taxis).

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 medallion 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: _____)