



Brandon Johnson
Mayor of Chicago

Ambulance Vehicle Company Application

City of Chicago
Department of Business Affairs and
Consumer Protection
Public Vehicle Operations Division
2350 W. Ogden Ave., 1st Floor
Chicago, IL 60608
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(312) 746-9406(FAX)
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<https://www.chicago.gov/bacp>
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Account # _____ Site # _____ Application # _____ PV / APP / LIC

LEGAL ENTITY INFORMATION

BACP ACCOUNT #: _____ FEIN #: _____ IDOR #: _____

LEGAL NAME/CORPORATE NAME: _____

DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____

BUSINESS LOCATION INFORMATION

DBA (DOING BUSINESS AS): _____

BUSINESS ADDRESS: _____

CITY / STATE / ZIP CODE: _____

BUSINESS PHONE #: _____ BUSINESS FAX #: _____

BUSINESS CONTACT NAME: _____

E-MAIL- ADDRESS: _____

CELL PHONE #: _____

PROVIDE A 24 HR. EMERGENCY CONTACT NAME: _____

PROVIDE A 24 HR. EMERGENCY CONTACT PHONE #: _____

OWNERSHIP INFORMATION

TITLE(S): _____ STOCK PERCENTAGE OWNED: _____
NAME: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
HOME ADDRESS: _____
CITY / STATE / ZIP CODE: _____
HOME TELEPHONE #: _____ E-MAIL ADDRESS: _____
DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

TITLE(S): _____ STOCK PERCENTAGE OWNED: _____
NAME: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
HOME ADDRESS: _____
CITY / STATE / ZIP CODE: _____
HOME TELEPHONE #: _____ E-MAIL ADDRESS: _____
DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

TITLE(S): _____ STOCK PERCENTAGE OWNED: _____
NAME: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
HOME ADDRESS: _____
CITY / STATE / ZIP CODE: _____
HOME TELEPHONE #: _____ E-MAIL ADDRESS: _____
DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

TITLE(S): _____ STOCK PERCENTAGE OWNED: _____
NAME: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
HOME ADDRESS: _____
CITY / STATE / ZIP CODE: _____
HOME TELEPHONE #: _____ E-MAIL ADDRESS: _____
DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

(YOU MAY DUPLICATE THIS PAGE AS NEEDED FOR ADDITIONAL OWNERS)

APPLICATION QUESTIONS

1) Have you or the company ever had ownership interest in any state or city license which was suspended or revoked? Yes / No _____

If yes, list the license type, the date and reason for the suspension or revocation.

2) Have the officers, directors or shareholders of the corporation ever had any state or city licenses suspended or revoked? Yes / No _____

If yes, write the person's name and license type. _____

3) Have you or the company, any owner, shareholder, officer or member of the company been convicted of a crime within the last ten (10) years? Yes / No _____

If yes, list the defendant's name, the type of offense, date, city and state of conviction.

Please indicate the type of offense, the date, city and state of conviction.

4) Are there pending charges against you, or the company, any owner, shareholder, officer or member of the company? Yes / No _____

If yes, list the defendant's name, the type of offense, the next court date, court city and state.

Please indicate the type of offense, the next court date, and court where pending.

5) Do you have any other Public Vehicle licenses within the City of Chicago? Yes / No _____

If yes, list the license type(s) and license number(s). _____

VEHICLE INFORMATION

VEHICLE 1: PV#: _____ Fuel Type: _____
VIN: _____ Year: _____ Make: _____
Model Name: _____ Capacity: _____ Color: _____
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: _____
Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No

VEHICLE 2: PV#: _____ Fuel Type: _____
VIN: _____ Year: _____ Make: _____
Model Name: _____ Capacity: _____ Color: _____
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: _____
Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No

VEHICLE 3: PV#: _____ Fuel Type: _____
VIN: _____ Year: _____ Make: _____
Model Name: _____ Capacity: _____ Color: _____
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: _____
Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No

VEHICLE 4: PV#: _____ Fuel Type: _____
VIN: _____ Year: _____ Make: _____
Model Name: _____ Capacity: _____ Color: _____
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: _____
Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No

VEHICLE 5: PV#: _____ Fuel Type: _____
VIN: _____ Year: _____ Make: _____
Model Name: _____ Capacity: _____ Color: _____
Vehicle Type (Circle One): Sedan SUV Stretch Other State License Plate #: _____
Has this vehicle been converted by a qualified vehicle modifier? If yes, attach certificate. Yes/No

(YOU MAY DUPLICATE THIS PAGE AS NEEDED FOR ADDITIONAL VEHICLES)

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY: _____

NAME OF INSURANCE AGENT : _____

ADDRESS OF INSURANCE AGENT: _____

PHONE NUMBER OF INSURANCE AGENT: _____

REQUIRED DOCUMENTS

- * Certificate of Good Standing or a Secretary of State Report from the Illinois Secretary of State Website - must be dated within the past 30 days.
- * Submit corporate minutes indicating all officers, shareholders and directors.
- * Submit Articles of Incorporation/Organization.
- * Certificate of Insurance.
- * Original titles for all vehicles.
- * If vehicles are purchased as Used, provide a Vehicle History Report.
- * If you do not own the vehicle(s), provide the lease agreement(s).
- * Original State Inspection forms for all vehicles.
- * City Stickers for all vehicles.
- * Proof that Place of Business is in Chicago - a valid lease, proof of property ownership, or registered agent address.
- * All officers must complete an Indebtedness Affidavit.

Under penalties of law, including but not limited to Chapter 1-21 of the Municipal Code of Chicago, Illinois set forth below, I certify that the above statements are true and correct, and I certify that all facts represented on prior forms remain true and correct.

Signature: _____

Date: _____

Print Name: _____

Title: _____

FOR OFFICE USE ONLY

Application Review: _____ Staff Initials/Date

Approval: _____ Staff Initials/Date

Comments:
