



City of Chicago
Business Affairs and Consumer Protection
 Public Vehicle Operations Division · 2350 W. Ogden Ave., First Floor · Chicago, IL 60608
 312-746-4200 · BACPPV@CITYOFCHICAGO.ORG · CHICAGO.GOV/BACP

PUBLIC CHAUFFEUR LICENSE APPLICATION FOR NEW APPLICANTS (8.25.2020)

PLEASE COMPLETE BOTH SIDES OF APPLICATION.

TYPE OF PUBLIC CHAUFFEUR LICENSE:

- Taxi
- Livery Restricted
- Horse Drawn Carriage Restricted
- Pedicab Restricted

NAME: _____
 LAST NAME FIRST NAME MIDDLE NAME

HOME ADDRESS: _____
 STREET ADDRESS APT# CITY STATE ZIP CODE

CONTACT INFO: (_____) _____ (_____) _____
 HOME PHONE CELL PHONE

E-MAIL ADDRESS _____

BIRTHDATE: _____ PLACE OF BIRTH: _____
 MONTH / DAY / YEAR CITY OR TOWN, COUNTRY

DRIVER LICENSE #: _____ State that issued driver's license: _____

SOCIAL SECURITY #: _____ - _____ - _____ CHECK GENDER: MALE FEMALE

► **READ AND ANSWER THE FOLLOWING QUESTIONS.** If needed, attach additional papers to complete your responses.
Write "Yes" or "No" in response to each question.

1. Have you **EVER** applied for or had a City of Chicago public chauffeur license under your current name or another name?
 _____ If "YES", list **ALL** previous license number(s) and describe each circumstance below:

► LICENSE #	STATUS	DATE ENDED/EXPIRED	NAME LICENSE WAS ISSUED UNDER
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2. Have you **EVER** pled guilty, been convicted of, been found guilty, or been found not guilty by reason of insanity of **ANY** crime, including misdemeanors for which supervision was given, in **ANY** court of **ANY** jurisdiction? _____ If "YES", list and describe each circumstance in the box following Question No. 3.

3. Have you **EVER** pled guilty, been convicted of, or been found guilty of a DUI (driving a motor vehicle while under the influence) offense or **ANY** criminal offense, including misdemeanors for which supervision was given, while driving or operating a motor vehicle? _____ If "YES", list and describe each circumstance below:

► CASE NUMBER	CITY, STATE	OFFENSE	SENTENCE	DISCHARGE DATE
_____	_____	_____	_____	_____

4. Are there any criminal charges or DUI charges **PENDING** against you or otherwise unresolved? _____
 If "YES", list and describe each case below:

▶ *CASE NUMBER* *CITY, STATE* *OFFENSE* *NEXT COURT DATE*

5. Do you have or have you **EVER** had a physical disorder or mental illness that may render you incapable of safely driving and operating a public passenger vehicle, including, but not limited to, defective vision, epilepsy, vertigo, or paranoid schizophrenia? _____ If "YES", list and fully explain the circumstances below:

6. Are you now or have you **EVER** been addicted to any drugs, substances, or intoxicating liquors? _____
 If "YES", list and fully explain the circumstances below:

7. Has your current or any previous driver's license **EVER** been suspended or revoked for **ANY** reason? _____
 If "YES", list and describe each circumstance below:

▶ *DATE* *CITY, STATE* *OFFENSE* *SENTENCE*

8. Do you owe any money (such as a parking ticket, an administrative fine, or water bill) to the City of Chicago? _____
 If "YES", list the amount owed and type(s) of debt below:

9. Have you been ordered to pay child support by a court or administrative body? _____
 If "YES", list your case number(s) and the amount owed below:

I affirm that all the information given on this license application is true and correct and that I am fit to safely operate a public passenger vehicle. I understand that any misstatements, inaccuracies, or omissions made on this application, whether intentional or unintentional, may result in the denial of my license application or the rescission of any license granted pursuant to this application. I hereby give my consent for the City of Chicago to obtain my complete criminal and motor vehicle driving history records. I understand that **a public chauffeur license is a privilege granted and not a property right**, that this license is the property of the City of Chicago, and that this license must be surrendered to the City of Chicago upon demand. 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 of Applicant

Date Signed

BACP USE ONLY

A. Test Date	Test Type (TX, LY, PEDICAB)	Score	Pass/Fail	Comments
_____	_____	_____	_____	_____
B. Permanent / Temporary (circle one)				
License Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ Staff Initials: _____ Date: _____				
C. Denial Letter Mailed: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Staff Initials: _____ Date: _____				
Reason for Denial: _____ Comments: _____				
