



Brandon Johnson
Mayor of Chicago

Medicar Vehicle Individual Application

City of Chicago
Department of Business Affairs and
Consumer Protection
Public Vehicle Operations Division
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Chicago, IL 60608
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(312) 746-9406(FAX)
(312) 744-1944(TTY)
<https://www.chicago.gov/bacp>
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Account # _____ Site # _____ Application # _____ PV / APP / LIC

OWNER INFORMATION

BACP ACCOUNT #: _____

FULL NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HOME ADDRESS: _____

CITY / STATE / ZIP CODE: _____

HOME TELEPHONE #: _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

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 #: _____

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 you ever had any state or city licenses suspended or revoked? Yes / No _____

If yes, indicate the 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

- * If operating with a DBA, provide the Assumed Name Certificate from the Cook County Clerk's Office.
- * 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.
- * 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:
