



# City of Chicago

Department of Business Affairs and Consumer Protection  
Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

---

## INSTRUCTIONS FOR A PUBLIC PASSENGER VEHICLE LICENSE APPLICATION - TRANSFER OF STOCK UNDER 25% (TAXI)

### ITEMS TO BE RETURNED WITH APPLICATION:

1. Application must be completed, signed and notarized. **Only licensed Illinois attorneys may draft and complete legal documents such as: sales contracts, and corporate documents.**
2. Resignations of current officers, if applicable.
3. Corporate Minutes reflecting the election of new offices and resignation of old officers. The minutes must be signed and dated by the corporate officers, partners or members.
4. Certificate of Good Standing from the Secretary of State.
5. Parking/Child Support Indebtedness affidavit from all officers.
6. Each new officer must provide proof of residence such as a lease, utility bill or property tax bill.
7. New officers will be fingerprinted on their scheduled appointment date, and must also provide two passport size photos for the fingerprint card.
8. Attorney certification completed and signed by the attorney.
9. If change of corporate address applies:
  - a. Affiliates with an affiliation address must provide a letter from the affiliation confirming the new address.
  - b. others must provide a current telephone bill and lease in the corporation's name and bearing the corporation's address.
10. See Attached Notice For Information On The Mandatory Owner's Class.
11. The corporation must resolve any outstanding holds on the account before the application is approved.

**You Must Make An Appointment To Drop Off Your Transfer Application.**

**Please call (312)746-4300, Monday - Friday, 8:30 a.m. - 4:00 p.m. to schedule your appointment.**

**APPLICATION FOR A PUBLIC PASSENGER  
VEHICLE LICENSE - STOCK TRANSFER OF 25% OR LESS. (TAXI)**

1. LICENSE NUMBER(s) \_\_\_\_\_

2. NAME OF COMPANY: \_\_\_\_\_

3. STREET ADDRESS: \_\_\_\_\_

4. CITY/STATE/ZIP: \_\_\_\_\_

5. BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

6. STATE OF INCORPORATION: \_\_\_\_\_ DATE OF INCORPORATION: \_\_\_\_\_

7. IS CORPORATION IN GOOD STANDING IN THE STATE OF ILLINOIS?: \_\_\_\_\_

8. LICENSE MANAGER NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ LICENSE# \_\_\_\_\_

9. LIEN ON THE LICENSE (YES/NO): \_\_\_\_\_ DATE OF LIEN: \_\_\_\_\_

17a. LIEN HOLDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF LIEN: \_\_\_\_\_

10. HAS CORPORATION EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY LICENSE WHICH WAS SUSPENDED OR REVOKED?

(Indicate Yes or No): \_\_\_\_\_

10a. IF YES, LIST THE LICENSE # and TYPE: \_\_\_\_\_

AND DATE REVOKED OR SUSPENDED & CHARGE: \_\_\_\_\_

11. HAVE ANY OF THE OFFICERS, DIRECTORS OR SHAREHOLDERS OF THE CORPORATION EVER HAD ANY STATE OR CITY LICENSE SUSPENDED OR REVOKED? (Indicate Yes or No):

11a. IF YES, LIST THE LICENSE # and TYPE: \_\_\_\_\_

AND DATE SUSPENDED OR REVOKED & CHARGE: \_\_\_\_\_

12. TO YOUR KNOWLEDGE, HAVE ANY OFFICERS, DIRECTORS OR SHAREHOLDERS OF THE CORPORATION BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS?

(Indicate Yes or No): \_\_\_\_\_

12a. IF YES, DEFENDANT'S NAME: \_\_\_\_\_

TYPE OF OFFENSE: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

13. PLEASE LIST ANY PENDING CRIMINAL CASES: \_\_\_\_\_

13a. DEFENDANT'S NAME: \_\_\_\_\_

TYPE OF OFFENSE: NEXT COURT DATE: \_\_\_\_\_

COURT WHERE PENDING: \_\_\_\_\_

14. LIST THE NAME, ADDRESS AND TWENTY-FOUR (24) HOUR TELEPHONE NUMBER OF THE PERSON AUTHORIZED BY THE CORPORATION TO ACT IN CASE OF EMERGENCY.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

24 HOUR TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**15. CURRENT OWNERSHIP STRUCTURE**

<u>NAME</u>	<u>TITLE</u>	<u>% Stock Owned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**16. PROPOSED OWNERSHIP STRUCTURE**

<u>NAME</u>	<u>TITLE</u>	<u>% Stock Owned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Subscribed and sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_, Notary Public





# City of Chicago

## Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden · Chicago, IL 60608 · 312-746-4300

### **NOTICE TO ALL APPLICANTS FOR A TAXICAB MEDALLION LICENSE**

Pursuant to Section 9-112-080(b)(5) of the Municipal Code of the City of Chicago, all new applicants for a public passenger vehicle license must successfully complete a one day Medallion Owner's Course offered by Harold Washington College. The course must be completed by the new owner or in the event that the applicant is a corporation, an officer of the corporation must take the course. If the medallion is held by a corporation or partnership, and the person having completed the course ceases to be an officer or a partner, the existing officer or partner must take the course within sixty (60) days.

Instructions for the course and test are as follows:

1. Sign up for the one day Medallion Owner's Course at Harold Washington College, 30 East Lake Street, and Room 102. For further information regarding the course, call Harold Washington College at 312-553-5960. Classes are offered on the first Saturday of every month. The class begins at 9:00 am and ends at 4:00 pm. The cost of the course is \$40.00 and includes materials.
2. Proof of course completion must be submitted prior to the approval for the issuance or transfer of the license. Upon successful completion of the course, you will receive a certificate from Harold Washington College. You must present the certificate, along with your application for a vehicle license to Public Vehicle Operations Division personnel located at 2350 W. Ogden, First Floor, Chicago, Illinois.
3. After you take the class and receive the certificate you must take and pass the Medallion Owners Test. The test is offered everyday, free of charge at our offices located at 1615 W. Chicago Ave, 1st floor, Chicago, IL 60622. Please bring your class certificate with you to register for the test.



**CITY OF CHICAGO**  
**DEPARTMENT OF BUSINESS AFFAIRS AND**  
**CONSUMER PROTECTION**  
PUBLIC VEHICLE OPERATIONS DIVISION  
2350 W. Ogden Avenue, 1<sup>st</sup>. Floor  
Chicago, IL 60608  
Tel: 312-746-4300 Fax: 312-746-9406  
NORMA I. REYES, COMMISSIONER

**Richard M. Daley, Mayor**

**CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM**

**Please Print All Information**

COMPANY NAME: \_\_\_\_\_

LICENSE NUMBER(S): \_\_\_\_\_

Articles of Incorporation Number: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Number:(\_\_\_\_) \_\_\_\_\_ Cell/Home 2:(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Title(s): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Stock Percentage Owned: \_\_\_\_\_ % Chauffer License #: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Number:(\_\_\_\_) \_\_\_\_\_ Cell/Home 2:(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Title(s): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Stock Percentage Owned: \_\_\_\_\_ % Chauffer License #: \_\_\_\_\_

**This form may be duplicated if additional space is required.**

AFFIDAVIT  
Use Ballpoint Pent - Print Clearly

The undersigned applicant or licensee, having been duly sworn on oath or affirmation hear by states that, to the best of my knowledge:

**(Initial either "A" or "B", whichever is applicable)**

- \_\_\_ A. The applicant owes no debts to the City of Chicago and has no outstanding parking violation convictions issued to any vehicle owned by the applicant.
- \_\_\_ B. The applicant has listed immediately below, or on the reverse hereof, all debts owed by the applicant to the City of Chicago and all outstanding parking convictions issued to any vehicle owned by the applicant.

(Description of debt)	(Date of Occurrence)	(Amount)

**(Also initial either "C", "D" or "E", whichever is applicable)**

- \_\_\_ C. The applicant has not been ordered to pay Child Support by a court of competent jurisdiction.
- \_\_\_ D. The applicant has been ordered to pay Child Support by a court of competent jurisdiction, but is not delinquent in making such payments.
- \_\_\_ E. The applicant has been ordered to pay Child Support by a court of competent jurisdiction as indicated below, and is delinquent in making payments.

(Court file number)	(State/County/City in which order was entered)	(Amount owed)

**The undersigned applicant understands that failure to disclose any debts and or outstanding parking violation convictions owed to the City or failure to be in compliance with a court order to pay child support may be grounds for the imposition of applicable penalties or the termination of privileges sought in connection with this affidavit in accordance with the procedures set forth in the Municipal Code of Chicago. AFFIANT SAYETH NO MORE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please print clearly the following information:**

Name (Last, First, MI): \_\_\_\_\_

Social Security No.: |\_|\_|\_|\_|-|\_|\_|-|\_|\_|\_|\_| Birth date: \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Subscribed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public