

City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608 312-746-4200 · <u>BACPPV@CITYOFCHICAGO.ORG</u> · CHICAGO.GOV/BACP

TAXICAB - CHANGE OF COLOR OR AFFILIATION FORM v.d. 6.23.2021

MEDALLIO	N LICENSE NUMBER(S) #							
NAME OF L	ICENSE HOLDER:							
BUSINESS ADDRESS:			, Chicago, IL 606					
BUSINESS T	TELEPHONE:							
1	HARD CARD	2		\$25.0	0 CHANGE O	F AFFII	LIATION FEE	
3	CURRENT INSURANCE CERTIFICATE							
4	SIGNED AFFILIATION AGREEMENT (IF APPLICABLE)							
5	SAFETY COMPLIANCE FORM (IF CHANGING SAFETY DEVICE)							
6	ADDRESS CHANGE (IF APPLICABLE)							
INDEPEND	ENT OPERATORS ONLY	- If registering as	Independe	nt, you r	nust do the fol	lowing:		
•	ATTACH A COLOR MOCK-UP OF COLOR SCHEME AND LOGO FOR APPROVAL							
•	I WILL SIGN A CONTRACT WITH A BACP-APPROVED CREDIT CARD PROCESSING							
	COMPANY PRIOR TO MY FIRST INSPECTION OR BEFORE BEGINNING OPERATIONS.							
	(INITIAL HERE)							
•	I WILL SIGN A CONTRACT WITH PACE'S TAXI ACCESS PROGRAM PRIOR TO MY FIRST							
	INSPECTION OR BEFORE BEGINNING OPERATIONS*(INITIAL HERE)							
*Contact Tra	acey Muhammad to acquire	a TAP contract	at <u>tracey.n</u>	nuhamm	ad@pacebus.c	om or 31	2-341-8075.	
INDI	ICATE COLORS: (1	NDEPENDENT	OPERAT	ORS O	NLY)			
TOP:				DOORS:				
FENDERS:				HOOD:				
TRUNK:			STRIPE (IF APPLICABLE):					
		Owner	Officer_		Lic. Mgr		(check one)	
Signature of	Applicant							
APPROVED	:(BACP EMPLOYEE)	DA	TE ENTE	RED IN	SYSTEM:			