



**CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS AND
CONSUMER PROTECTION**

PUBLIC VEHICLE OPERATIONS DIVISION

2350 W. Ogden Avenue, 1st. 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.