



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

PEDICAB VEHICLE LICENSE INSTRUCTIONS AND APPLICATION CHECKLIST

(version date 9.20.2022)

- ▶ A link to the Pedicab Ordinance is posted at CHICAGO.GOV/BACP. It is Municipal Code of Chicago (MCC) Chapter 9-110.
- ▶ A pedicab vehicle license authorizes the pedicab vehicle to operate in the City of Chicago. The pedicab license is not transferable.
- ▶ The annual pedicab vehicle license fee is \$250.00. Pedicab license term is April 1 to March 31.
- ▶ The pedicab chauffeur license is a separate license. See CHICAGO.GOV/BACP for details.
- ▶ Submit a complete license application (pages 2-8) to apply for one license. For additional licenses, submit only pages 5, 6 and 8 (Pedicab Vehicle Information Page & Signature Page) for each **additional** pedicab vehicle license sought.
- ▶ Applications must be submitted to the BACP office located at 2350 W. Ogden Ave., 1st Floor, Chicago, IL 60608.
- ▶ Only applications submitted by applicants that have resolved outstanding debt owed to the City of Chicago will be reviewed.
- ▶ **Keep a copy of all documents submitted to BACP.**

The following documents **must** be submitted with your application:

1. A completed and signed Pedicab Vehicle License Application. Answer all applicable questions legibly.
2. Proof of Ownership of the pedicab vehicle or lease agreement that covers license term and acknowledges use as pedicab.
3. A copy of the applicants driver's license or government-issued photo identification.
4. Debt Clearance letter from the City's Department of Finance (DOF) located at 121 N. LaSalle, City Hall, Room 107. Bring your driver's license and the License Application form with you to the DOF to obtain the debt clearance letter.
5. Receipt for fingerprinting/background check from a BACP-approved agency that lists the transaction control number (TCN). Applicant must submit to a National/FBI level background check. Contact agency for locations, hours of operations, and prices. A [list of approved fingerprint vendors](#) may be found on our website at CHICAGO.GOV/BACP.
6. For companies (corporations or LLCs) that are applying:
 - a. Articles of Incorporation/Organization for the company or proof of other ownership structure.
 - b. Corporate minutes/LLC Operating agreement with the selection of officers and percentage of ownership listed.
 - c. Certificate of Good Standing from the Secretary of State of Illinois Corporate Division, or a "Corporate File Detail Report" downloaded from the Illinois Secretary of State's website indicating an "Active" status.
 - d. List all officer/member/shareholder titles on the application.
7. Proof of place of business within the corporate boundaries of the City of Chicago (acceptable records are property lease agreement, property tax record, or utility bill).
8. 8 ½ x 11 color photographs of each pedicab vehicle for which a license is sought. Photos should show ALL the required equipment listed on page 5 of this application. Write the serial number of the pedicab on the back of each photo.
9. Proof of required City of Chicago insurance coverage for pedicabs. This must be in the form of a certificate from your insurance company that lists the pedicab serial number(s). Minimum insurance coverage for each pedicab: \$300,000 per occurrence for bodily injury, personal injury and property damage. In addition, worker's compensation coverage must be provided as required by state law. The insurance certificate must list the City of Chicago, Department of Business Affairs and Consumer Protection, Public Vehicle Operations Division at 2350 W. Ogden Avenue Ave., First Floor, Chicago, IL 60608 as the Certificate Holder and an Additional Insured and that information must be listed on the face of the certificate. Certificates must also list the following information in the area marked "Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions": "The policy identified on this certificate complies with all applicable insurance requirements mandated by Federal, State of Illinois and City of Chicago laws. Should any of the above policies be cancelled before the expiration date shown on this certificate, the issuing insurer will mail a written notice in advance of cancellation to the certificate holder named on this certificate."
10. Pedicab License fee is \$250 per license. The fee must be paid in full by credit card, certified check, money order, or cash before any license is issued.



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PEDICAB VEHICLE LICENSE APPLICATION
 (version date 9.14.2022)

PLEASE PRINT OR TYPE (BLUE OR BLACK INK ONLY, DO NOT USE WHITE-OUT)

NUMBER OF LICENSES SOUGHT: _____

1. TYPE OF LEGAL ENTITY APPLYING FOR PEDICAB VEHICLE LICENSE (MUST CHECK A OR B):
 _____ A. INDIVIDUAL NAME (SOLE PROPRIETORSHIP) *SKIP QUESTIONS 13-15 IF APPLYING AS AN INDIVIDUAL
 _____ B. COMPANY NAME (A CORPORATION OR LLC)
2. LEGAL NAME OF APPLICANT: _____
 ★ WRITE INDIVIDUAL'S NAME IF APPLYING AS A SOLE PROPRIETOR, OTHERWISE WRITE COMPANY NAME
3. PLACE OF BUSINESS ADDRESS FOR ENTITY LISTED ON LINE 2 (MUST BE IN THE CITY OF CHICAGO):

4. WEB ADDRESS: _____
5. E-MAIL: _____
6. BUSINESS PHONE NUMBER: (_____) _____
7. FAX NUMBER: (_____) _____
8. ON-SITE MANAGER NAME(s): _____
9. ON-SITE MANAGER PHONE NUMBER(s): (_____) _____
10. ON-SITE MANAGER EMAIL ADDRESS(es): _____
11. 24-HOUR CONTACT NAME: _____
12. 24-HOUR CONTACT PHONE NUMBER: _____
13. STATE OF ILLINOIS CORPORATE/LLC FILE#: _____
 ► Attach Certificate of Good Standing from Illinois Secretary of State or LLC/Corporate File Detail Report.
14. FEIN #: _____ IBT#: _____
15. REGISTERED AGENT NAME: _____
 REGISTERED AGENT ADDRESS: _____
 CITY/STATE/ZIP: _____
 REGISTERED AGENT PHONE NUMBER: (_____) _____

OWNERSHIP INFORMATION

**COMPLETE THE FOLLOWING INFORMATION FOR INDIVIDUAL OWNERS,
AND ALL SHAREHOLDERS, OFFICERS, DIRECTORS AND MEMBERS
(attach additional sheets if needed)**

TITLE(S): _____ **STOCK OR OWNERSHIP INTEREST HELD:** _____ %

FULL LEGAL NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

BUSINESS PHONE NUMBER: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

TITLE(S): _____ **STOCK OR OWNERSHIP INTEREST HELD:** _____ %

FULL LEGAL NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

BUSINESS PHONE NUMBER: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

TITLE(S): _____ **STOCK OR OWNERSHIP INTEREST HELD:** _____ %

FULL LEGAL NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

BUSINESS PHONE NUMBER: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

THIS FORM MAY BE DUPLICATED AS NEEDED FOR ADDITIONAL OWNERS/OFFICERS/MEMBERS/SHAREHOLDERS

CRIMINAL / DISCIPLINARY/LICENSE HISTORY OF APPLICANT(S)

16. HAVE YOU, OR ANY OFFICER, SHAREHOLDER, MEMBER, OWNER OR THE APPLICANT COMPANY EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY LICENSE WHICH WAS SUSPENDED OR REVOKED? (Yes or No): _____

▶ IF YES, LIST THE LICENSE TYPE, LICENSE NUMBER, DATE AND REASON FOR SUSPENSION OR REVOCATION: _____

17. HAVE YOU, OR ANY OFFICER, SHAREHOLDER, MEMBER, OR OWNER BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN(10) YEARS? (Yes or No): _____

▶ IF YES, LIST THE DEFENDANT'S NAME, TYPE OF OFFENSE, DATE, CITY, AND STATE WHERE CONVICTED:

18. ARE THERE PENDING CHARGES AGAINST YOU, THE APPLICANT COMPANY, OR ANY OFFICER, SHAREHOLDER, MEMBER, OR OWNER? (Yes or No): _____

▶ IF YES, LIST THE DEFENDANT'S NAME, TYPE OF OFFENSE, NEXT COURT DATE, COURT CITY AND STATE

WHERE PENDING: _____

19. DO YOU OR ANY OF THE ABOVE LISTED INDIVIDUALS OR THE APPLICANT COMPANY HOLD ANY OTHER CITY OF CHICAGO LICENSES? IF SO, PLEASE LIST THE NAME OF PERSON OR ENTITY HOLDING THE LICENSE, TYPE OF LICENSE HELD AND LICENSE NUMBER: _____

PEDICAB VEHICLE INFORMATION

THIS PAGE MUST BE COMPLETED FOR EACH PEDICAB VEHICLE LICENSE SOUGHT. Use ONLY pages 5, 6 & 8 if adding/changing vehicles to an existing account.

IRIS#: _____ (existing accounts only)

Below are the minimum qualifications for a pedicab vehicle. Complete this page for each pedicab vehicle license sought. Signature of qualified pedicab technician is required for each pedicab vehicle. Qualified technician cannot be employed by the applicant/licensee.

INFORMATION FOR VEHICLE#: _____ (LIST NUMERICALLY BY NUMBER OF LICENSES SOUGHT ON THIS APPLICATION OR LIST EXISTING LICENSE NUMBER FOR CHANGING A LICENSED VEHICLE ON AN EXISTING ACCOUNT)

Serial number or unique identification number etched on the Pedicab Vehicle: _____

YEAR, MAKE, MODEL, STYLE AND COLOR OF PEDICAB VEHICLE: _____

▶ **Attach 8 1/2 x 11 color photographs of this pedicab vehicle. Write serial number on back of photos.**

- 1) PEDICAB VEHICLE IS OWNED OR LEASED? _____ IF LEASED, ATTACH COPY OF LEASE.
- 2) PEDICAB VEHICLE SIZE IN INCHES (INCLUDING THE BICYCLE AND THE CART) IS: _____ INCHES WIDE BY _____ INCHES LONG (ABOVE MEASUREMENTS SHOULD NOT EXCEED 55" WIDE AND 120" LONG)
- 3) HOW MANY PASSENGERS DOES THE PASSENGER AREA COMPARTMENT SEAT? _____

DOES THE PEDICAB VEHICLE HAVE ALL OF THE FOLLOWING FUNCTIONING EQUIPMENT? CHECK YES OR NO

- 4) SEATBELTS FOR ALL PASSENGERS? YES _____ NO _____
- 5) HEADLIGHTS THAT ARE CAPABLE OF PROJECTING LIGHT FOR 500 FEET? YES _____ NO _____
- 6) RED TAILLIGHTS ON REAR EXTERIOR PASSENGER COMPARTMENT (LEFT & RIGHT SIDES)? YES _____ NO _____
- 7) HYDRAULIC, DISC OR DRUM BRAKES THAT ARE UNAFFECTED BY WET CONDITIONS? YES _____ NO _____
- 8) SPOKE OR WHEEL RIM DEFLECTORS ON EACH WHEEL OF THE PEDICAB VEHICLE? YES _____ NO _____
- 9) TURN LIGHTS (DIRECTIONALS)? YES _____ NO _____
- 10) BELL, HORN OR OTHER AUDIBLE DEVICE? YES _____ NO _____
- 11) COMPANY SIGNAGE POSTED WITH YOUR COMPANY NAME, PHONE NUMBER AND RATES? YES _____ NO _____

SIGNATURE OF QUALIFIED PEDICAB TECHNICIAN: _____

PRINT NAME OF QUALIFIED PEDICAB TECHNICIAN: _____

COMPANY WHERE EMPLOYED AS TECHNICIAN: _____

CONTACT PHONE NUMBER: (_____) _____

EMAIL ADDRESS: _____

DATE SIGNED: _____

PEDICAB VEHICLE INFORMATION CONTINUED

VEHICLE 1: PV#: _____ Solely Pedal-Powered Electric Assist (Must Check One)

VIN: _____ Year: _____ Make: _____

Model Name: _____ Passenger Capacity(including driver): _____ Color: _____

* If Electric, list Class type of low-speed electric bicycle and bicycle weight. Electric bicycle can only provide assistance while rider is pedaling up to 20 miles per hour.

Class Type: _____ Bicycle Weight: _____ LBS
Only Class 1 or Class 2 are allowed. Maximum Weight is 124 pounds

VEHICLE 2: PV#: _____ Solely Pedal-Powered Electric Assist (Must Check One)

VIN: _____ Year: _____ Make: _____

Model Name: _____ Passenger Capacity(including driver): _____ Color: _____

* If Electric, list Class type of low-speed electric bicycle and bicycle weight. Electric bicycle can only provide assistance while rider is pedaling up to 20 miles per hour.

Class Type: _____ Bicycle Weight: _____ LBS
Only Class 1 or Class 2 are allowed. Maximum Weight is 124 pounds

VEHICLE 3: PV#: _____ Solely Pedal-Powered Electric Assist (Must Check One)

VIN: _____ Year: _____ Make: _____

Model Name: _____ Passenger Capacity(including driver): _____ Color: _____

* If Electric, list Class type of low-speed electric bicycle and bicycle weight. Electric bicycle can only provide assistance while rider is pedaling up to 20 miles per hour.

Class Type: _____ Bicycle Weight: _____ LBS
Only Class 1 or Class 2 are allowed. Maximum Weight is 124 pounds

VEHICLE 4: PV#: _____ Solely Pedal-Powered Electric Assist (Must Check One)

VIN: _____ Year: _____ Make: _____

Model Name: _____ Passenger Capacity(including driver): _____ Color: _____

* If Electric, list Class type of low-speed electric bicycle and bicycle weight. Electric bicycle can only provide assistance while rider is pedaling up to 20 miles per hour.

Class Type: _____ Bicycle Weight: _____ LBS
Only Class 1 or Class 2 are allowed. Maximum Weight is 124 pounds

AUTHORIZED AGENT INFORMATION

COMPLETE THIS PAGE ONLY IF YOUR COMPANY HAS AN AUTHORIZED AGENT THAT WILL COME TO BACP TO DO BUSINESS ON BEHALF OF YOUR PEDICAB LICENSE. IF YOU DO NOT HAVE AN AGENT, THEN WRITE "NONE".

LEGAL NAME OF APPLICANT: _____
★ WRITE YOUR NAME IF LICENSE WILL BE HELD IN YOUR NAME, OTHERWISE WRITE COMPANY NAME

Complete the information below for each company employee or agent that is authorized to represent your license(s) at BACP. Attached a copy of their government-issued photo identification. All agents must be over eighteen years old to represent your license at BACP.

Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Date of Birth: _____ SSN: _____ - _____ - _____

Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Date of Birth: _____ SSN: _____ - _____ - _____

Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Date of Birth: _____ SSN: _____ - _____ - _____

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.

Print Full Legal Name Title: _____

Signature Line Date Signed: _____

Relationship to Applicant Listed Above

SIGNATURE OF APPLICANT

LEGAL NAME OF APPLICANT: _____
★ WRITE YOUR NAME IF APPLYING AS A SOLE PROPRIETOR, OTHERWISE WRITE COMPANY NAME

I, _____, **attest to the following:**
PRINT YOUR FIRST NAME MIDDLE NAME LAST NAME

RELATIONSHIP TO APPLICANT: _____
(IF APPLYING AS A SOLE PROPRIETOR WRITE "SELF")

- I am applying for a City of Chicago Pedicab License for myself or on behalf of a company in which I have an ownership interest.
- I have read MCC Section 9-110-040 "Pedicab license - Qualifications for license" and I affirm that applicant(s) meet all the requirements to obtain a Pedicab License.
- I have read MCC Section 9-110-060 "Investigation and issuance of pedicab license" and I understand that applicant(s) must submit to a fingerprint background check at an agency approved by BACP. I further understand that applicant(s) are responsible for any expenses associated with the background check whether applicant(s) are approved for a license or not. I understand that applicant(s) will be photographed by BACP as part of the licensing process or submit passport-sized photos.
- I have read MCC Section 9-110-080 "Insurance – Required" and I understand that applicant(s) are responsible for securing the required insurance associated with a Pedicab Vehicle License.
- I have read MCC Section 9-110-090 "Pedicab license decal and metal plate– Required" and the pedicab vehicle to be used with this license complies with the required vehicle specifications.
- I affirm that all the statements made or written on this form and any accompanying documents are true and correct. I understand that any misstatements, inaccuracies and/or omissions made on this form or any accompanying documents (intentional or unintentional) will result in the denial of this license application.
- I hereby give authorized consent to the City of Chicago to obtain applicant(s) complete criminal record and motor vehicle driving history records.

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 listed above: _____ **Date:** _____

Print Name: _____ **Relationship to Applicant:** _____

***** OFFICE USE ONLY *****

DATE RECEIVED: _____ **DATE APPROVED:** _____

HOLDS CHECKED? _____ **APPROVED BY:** _____

COMMENTS: _____

