



City of Chicago
Richard M. Daley, Mayor

Department of
Consumer Services

Norma Reyes
Commissioner

Public Vehicle Operations
Licensing Division
1615 West Chicago Avenue
Chicago, Illinois 60622
(312) 746-7100 (Voice)
(312) 746-7160 (FAX)

<http://www.cityofchicago.org>

DEPARTMENT OF CONSUMERS SERVICES
PUBLIC VEHICLE OPERATIONS
CORPORATE LIVERY APPLICATION

1. Your application must be completed, signed by the corporate president and notarized.
2. At the time of your appointment, each corporate officer will be fingerprinted. Two (2) small photographs of each corporate officer are required for fingerprinting. The above is not necessary if previously on file.
3. The vehicle to be licensed may not be more than five model years old, including the model year of the vehicle and the current licensing year. For example, in the 2005 year, the oldest model vehicle which may ordinarily be licensed is a 2001 vehicle.
4. The vehicle to be licensed should be either black or blue/black in color. The Commissioner of Consumer Services may, in her discretion, approve the licensing of a livery in another solid color. To license a vehicle in a different color please submit the request in writing and receive permission before purchasing any vehicle that is not black or blue/black.
5. Your application must be accompanied by the following items if not previously on file:
 - a. The title or certificate of origin for the vehicle to be licensed in the name and address of the applicant. If the applicant is leasing the vehicle from the owner, the title must be accompanied by a lease agreement between the owner of the vehicle and the applicant of at least one year's duration, with a termination date of December 31st, and an acknowledgment by the lessor/owner of the vehicle that the vehicle may be used as livery vehicle;
 - b. A City sticker and or receipt for the vehicle to be licensed in the name and address of the corporation;





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- c. Proof of liability insurance in the minimum amount of three hundred and fifty thousand dollars (\$350,000) combined single limit coverage per occurrence in the name of the applicant. The insured should be the corporation. The insurance certificate should have an expiration date of December 31st and indicate that it is not subject to cancellation except on a thirty (30) days advance notice to the City of Chicago, Department of Consumer Services. The certificate should include uninsured motorist coverage. The certificate must be issued and signed by an official of the insurance company, not the insurance agent.
- d. An original inspection sheet, faxes and copies are not acceptable, indicating that the vehicle has passed a vehicle safety inspection at an approved Illinois Department of Transportation (IDOT) inspection facility. The inspection sheet must not be more than forty five (45) days old. To obtain the location of the vehicle inspection facility nearest you, call the Vehicle Inspection Unit of IDOT-Division of Traffic Safety at 217-782-2920.
- e. Articles of Incorporation for the corporation;
- f. Certificate of Good Standing from the Secretary of State--Corporate Division, 69 W. Washington.
- g. Corporate minutes for the shareholders and directors;
- h. Proof of Chicago principal place of business such as: a lease, a property tax bill, or a current utility bill in the corporation's name and address or a registered agent with custody of the corporate records;
- i. A listed land base telephone, with the telephone number in the corporation name.
~~(NO MOBILE TELEPHONE WILL BE ACCEPTED)~~
- j. A parking clearance from the Department of Revenue room 107, City Hall.





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6. Schedule an appointment to submit the completed application by calling the Public Vehicle Operations Divisions at 312-746-9920 or 9923
7. Upon approval you will be required to pay a \$200.00 license fee for each livery vehicle to be licensed.

APPOINTMENTS ARE REQUIRED
CALL 312-746-9920 or 9923
MONDAY - FRIDAY 8:30 - 4:30

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**APPLICATION FOR A PUBLIC PASSENGER
VEHICLE LIVERY LICENSE (CORPORATE)**

1. LIVERY LICENSE NUMBER _____ LY (for office use only)
2. NAME OF LICENSE HOLDER: _____
3. STREET ADDRESS: _____
4. CITY/STATE/ZIP: _____
5. TELEPHONE NUMBERS - BUSINESS: _____ HOME: _____ CAR/BEEPER: _____
6. PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE:) _____

7. STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____
8. IS CORPORATION IN GOOD STANDING IN THE STATE OF ILLINOIS YES/NO: _____
9. INTERSTATE COMMERCE COMMISSION NUMBER: _____
10. REGISTERED AGENT NAME: _____
ADDRESS: _____
11. MODEL YEAR OF VEHICLE: _____ MAKE: _____
COLOR: _____ MODEL: _____
12. VEHICLE IDENTIFICATION NUMBER: _____
13. AFFILIATION (IF ANY) NAME: _____
ADDRESS: _____
14. INSURANCE COMPANY NAME: _____
ADDRESS: _____
15. INSURANCE BROKER NAME: _____
ADDRESS: _____
16. HAS CORPORATION EVER HAD AN OWNERSHIP INTEREST IN ANY STATE OR CITY
LICENSE WHICH WAS SUSPENDED OR REVOKED? _____
17. IF YES, STATE THE TYPE OF LICENSE, DATE OF THE SUSPENSION OR REVOCATION:

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

19. PLEASE LIST ON A SEPARATE PAGE THE NAMES, TITLES, ADDRESSES, TELEPHONE NUMBERS AND SOCIAL SECURITY NUMBERS OF ALL OFFICERS AND DIRECTORS.

20. PLEASE LIST ON A SEPARATE PAGE THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ANY SHAREHOLDERS WHO OWN MORE THAN 10% OF THE STOCK OF THE CORPORATION.

21. HAVE ANY OF THE OFFICERS OR DIRECTORS OF THE CORPORATION EVER OWNED AN INTEREST IN ANY STATE OR CITY LICENSE WHICH WAS SUSPENDED OR REVOKED?

YES/NO _____ IF YES, _____ STATE THE TYPE OF LICENSE, DATE OF SUSPENSION OR REVOCATION, AND REASON FOR THE SUSPENSION OR REVOCATION.

22. TO YOUR KNOWLEDGE, HAVE ANY OFFICERS OF THE CORPORATION BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS? YES/NO: _____

IF YES, DEFENDANT'S NAME: _____

TYPE OF OFFENSE: _____

DATE OF CONVICTION: _____ CITY: _____ STATE: _____

PLEASE LIST ANY PENDING CRIMINAL CASES: _____

DEFENDANT'S NAME: _____

TYPE OF OFFENSE: _____ NEXT COURT DATE: _____

COURT WHERE PENDING: _____

STATE OF ILLINOIS

SS

COUNTY OF COOK

_____, BEING FIRST DULY SWORN DEPOSES AND STATES THAT HE OR SHE HAS READ THE FOREGOING "APPLICATION FOR A PUBLIC PASSENGER VEHICLE LICENSE," KNOWS THE CONTENTS THEREOF AND THAT THE SAME IS TRUE IN SUBSTANCE AND IN FACT.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 19 _____

NOTARY PUBLIC

INDIVIDUAL APPLICANT
APPROVED _____

COMMISSIONER
DEPARTMENT OF CONSUMER SERVICES

INVESTIGATED BY: _____

HEARING DATE: _____

**DEPARTMENT OF CONSUMER SERVICES
CITY OF CHICAGO**

CORPORATE OFFICERS AND SHAREHOLDERS FORM

Please print all information. You may duplicate this form if additional space is required.

Name: _____ Birth date: _____

Address: _____ City/State/Zip _____

Telephone 1: () _____ Phone 2: () _____

Title(s): _____

*If multiple positions are held; include all applicable titles.

Driver's License #: _____ State of Issuance _____

Social Security #: _____ - _____ - _____

Stock Percentage Owned: _____ %

Name: _____ Birth date: _____

Address: _____ City/State/Zip _____

Phone 1: () _____ Phone 2: () _____

Title(s): _____

*If multiple positions are held; include all applicable titles.

Driver's License #: _____ State of Issuance _____

Social Security #: _____ - _____ - _____

Stock percentage owned: _____ %

Name: _____

Address: _____ City/State/Zip: _____

Phone 1: () _____ Phone 2: () _____

Title(s): _____

*If multiple positions are held; include all applicable titles.

Driver's License #: _____ State of Issuance _____

Social Security #: _____ - _____ - _____

Stock percentage owned: _____ %

**LIVERY LICENSE
MULTIPLE VEHICLE INFORMATION**

VEHICLE 1: **OFFICE USE ONLY:** _____

Vehicle Model: _____ **Make:** _____

Color: _____ **Model Year:** _____

Maximum# of Passengers: _____ **VIN#** _____

VEHICLE 2: **OFFICE USE ONLY:** _____

Vehicle Model: _____ **Make:** _____

Color: _____ **Model Year:** _____

Maximum# of Passengers: _____ **VIN#** _____

VEHICLE 3: **OFFICE USE ONLY:** _____

Vehicle Model: _____ **Make:** _____

Color: _____ **Model Year:** _____

Maximum# of Passengers: _____ **VIN#** _____

VEHICLE 4: **OFFICE USE ONLY:** _____

Vehicle Model: _____ **Make:** _____

Color: _____ **Model Year:** _____

Maximum# of Passengers: _____ **VIN#** _____



CITY OF CHICAGO
DEPARTMENT OF CONSUMER SERVICES
PUBLIC VEHICLE LICENSING DIVISION
1615 W. Chicago Avenue, Room 100
Tel: 312.746.7100 Fax: 312.746.7160

NORMA I. REYES, COMMISSIONER
www.cityofchicago.org/consumerservices

Richard M. Daley, Mayor

INDEBTEDNESS AFFIDAVIT

Please Print All Information

I, _____, being duly sworn on oath, state that the following statements are true and correct to the best of my knowledge and belief:

1. My full legal name is: _____
2. My home address is: _____
3. My home phone number is: _____ My work phone number: _____
4. My driver's license number is: _____
5. My Social Security number is: _____ My date of birth is: _____
6. The applicant owes no debt to the City of Chicago and has no outstanding parking violation complaints issued to any vehicle owned by the applicant.
7. The applicant has listed immediately below all debts owed by the applicant to the City of Chicago and all outstanding parking violation complaints issued to any vehicle owned by the applicant.

Description of Debt	Date of Occurrence	Amount
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8. The applicant has not been ordered by a court to pay child support.
If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is: _____
9. I agree to have the information provided in this affidavit audited by the Department of Consumer Services for the purposes of assuring that any child support obligation or debt to the City of Chicago that I may have now or in the future is met.

I understand that I may be prosecuted by the Department of Consumer Services if any of the above statements are found to be false, either wholly or partially.

I further understand that in addition to being prosecuted by the City for false or misleading statements on this affidavit, that any misrepresentation made in this affidavit may result in a three-year period of ineligibility with the City.



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

Signed: _____ Date: _____

Print Name: _____

Title: _____

NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !!

1-21-010 False Statements. Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly falsifies any statement of material fact made in connection with an application, report, affidavit, oath, or attestation including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the city for a civil penalty of not less than \$500.00 and not more than \$1,000.00, plus up to three times the amount of damages which the city sustains because of the person's violation of this section. A person who violates this section shall also be liable for the city's litigation and collection costs and attorney's fees.

The penalties imposed by this section shall be in addition to any other penalty provided for in the municipal code.

1-21-020 Aiding and abetting. Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation.

1-21-030 Enforcement. In addition to any of other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings.

[[FOR OFFICE USE ONLY]]

Application Review: _____ Staff Initials/Date
Approval: _____ Staff Initials/Date

IDOT SAFETY INSPECTION FACILITIES - COOK COUNTY

S & E INSPECTIONS, INC
3204 ROSE
FRANKLIN PARK, IL 60131
(847) 678-6110

ARRP PAVING & TRUCKING, INC
615 N. OGDEN AVE
CHICAGO, IL 60622
(312) 421-4148

WORLD TRUCK RAPID SERV
11959 S. CICERO AVE
ALSIP, IL 60803
(708) 371-1149

CUMBERLAND SERVICE CENTER
2375 OAKTON ST
ARLINGTON HEIGHTS, IL 60005
(847) 437-5050

D & K TRUCK SAFETY LANE
1900 MADISON ST
MAYWOOD, IL 60153
(708) 681-3424

METRO GARAGE, INC
6201 W. 26TH STREET
BERWYN, IL 60402
(708) 484-0003

TONY'S TRUCK SERVICE, INC
3701 S. IRON STREET
CHICAGO, IL 60609
(773) 847-8848

DIVERSEY IGNITION, INC
4857 W. DIVERSEY
CHICAGO, IL 60639
(773) 637-7760

ILLINOIS SCHOOL BUS COMPANY, INC
13939 S. CICERO AVE
CRESTWOOD, IL 60445
(708) 389-4545

BRACKMAN & COMPANY, INC
3306 HOLEMAN AVE
SOUTH CHICAGO HEIGHTS, IL 60411
(708) 709-0803

JC GARAGE, INC
9040 S. HALSTED
CHICAGO, IL 60620
(773) 224-4940

WILMETTE TRUCK & BUS SALES
2027 JOHNS DRIVE
GLENVIEW, IL 60025
(847) 486-0584

LARRY'S BRAKE SERVICE
5625 W. 107TH STREET
CHICAGO RIDGE, IL 60415
(708) 857-7630

LATTOF MOTOR SALES
800 EAST NORTHWEST HWY
ARLINGTON HEIGHTS, IL 60006
(847) 259-4100

DIVISION & WESTERN GARAGE, INC
3355 N. WESTERN AVE
CHICAGO, IL 60618
(773) 281-0333

ACORN GARAGE, INC
417 N. HOYNE AVE
CHICAGO, IL 60612
(312) 666-8731

FULTON DESPLAINES SERVICE
225 N. DESPLAINES ST
CHICAGO, IL 60661
(312) 726-4838

RELIANCE SAFETY LANE & SERV
16015 VAN DRUNEN RD
SOUTH HOLLAND, IL 60473
(708) 596-2060

Note: MODIFIED VEHICLES - Limitations exist at some facilities for vehicle size. It is recommended that you contact the facility to determine accommodations for your vehicle type. The phone number of each facility has been provided for your convenience.