

▶ COURT DATE(S)	CITY & STATE	OFFENSE	SENTENCE	DISCHARGE DATE

4. Are there DUI (driving a motor vehicle while under the influence of alcohol or narcotic drugs) or any criminal charges pending against you or otherwise unresolved ? (Yes/No) _____ If "YES", list and describe each case below:

▶ CASE NUMBER(S) CITY & STATE OFFENSE NEXT COURT DATE

5. Are you or have you EVER had epilepsy, vertigo, heart disease, defective vision, been addicted to drugs or intoxicating liquors, or is there anything which may substantially impair your ability to drive or operate a motor vehicle? (Yes/No) _____ If "YES", list and fully explain the circumstances below:

6. Has your driver's license (IL or any other state issued) EVER been suspended or revoked for ANY reason? (Yes/No) _____ If "YES", list and describe each circumstance below:

▶ DATE(S) CITY, STATE, COUNTRY OFFENSE SENTENCE

7. Do you owe any money (tickets, water bill, etc.) to the City of Chicago? (Yes/No) _____ If Yes, list the \$ amount owed and type(s) of debt:

8. Have you been ordered to pay child support by a court or administrative body? (Yes/No) _____ If Yes, list your case number(s) and the \$ amount owed: _____

I affirm that all the information given on this license application is true and correct. I understand that any misstatements, inaccuracies and/or omissions made on this application (intentional or unintentional) will result in the denial of my license application or the revocation of any license granted pursuant to this application. I hereby give my consent for the City of Chicago to obtain my complete criminal and motor vehicle driving history records. I understand that a public chauffeur license is a privilege granted and not a property right; that this license is the property of the City of Chicago and must be surrendered to the City of Chicago upon demand. I understand that I can only drive the public vehicle type for which I am licensed except that licensed taxi drivers may drive licensed liveries.

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.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public (SEAL)

Signature of Applicant

Date Signed

A.	Test Date	Test Type (ex. "HDC or PC")	Score	Pass/Fail	Comments	BACP USE ONLY

B. New Permanent License Approved: YES _____ NO _____ Date: _____ BACP Staff Initials: _____						
C. Denial Letter Sent: Yes / No Date: _____ Reason for Denial: _____						
D. COMMENTS: _____						