



**City of Chicago**  
**Department of Business Affairs and Consumer Protection**  
 Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608  
 312-746-4200 · [BACPPV@CITYOFCHICAGO.ORG](mailto:BACPPV@CITYOFCHICAGO.ORG) · [CHICAGO.GOV/BACP](http://CHICAGO.GOV/BACP)

**PEDICAB LICENSE WAITING LIST APPLICATION** (v.d. 2022 March 29)  
*ONE PEDICAB LICENSE LIMIT PER APPLICANT*

APPLICANT NAME: \_\_\_\_\_

APPLICANT COMPANY NAME: \_\_\_\_\_

PLACE OF BUSINESS ADDRESS: \_\_\_\_\_ CHICAGO, IL \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ NO. OF CURRENT PEDICAB LICENSES: \_\_\_\_\_

I certify that I am the applicant or an officer of the applicant company. Agent applications are not permitted.

**CRITERIA:** I understand that when a City of Chicago pedicab license becomes available for issuance, BACP will notify me by email from [BACPPV@CITYOFCHICAGO.ORG](mailto:BACPPV@CITYOFCHICAGO.ORG) at the above listed email address. Once notified (notification date), I will have ten (10) business days to submit a completed pedicab license application and pedicab license fee to the Public Vehicle Operations Division (Ogden Office) at 2350 W. Ogden Ave, Chicago IL. **If I fail to submit a completed application with proof of an approved criminal background check to the Ogden Office within ten business days and pay for the license, I will not receive the available license and the Ogden Office will go to the next applicant on the waiting list.** Applicant name on pedicab license application submitted must match the name(s) listed above on this form or no license(s) will be issued. Applicants must pass an approved criminal background check by a BACP-Approved fingerprint agency and meet all requirements to qualify for a pedicab license within 30 days after notification date. Failure to timely pass the background check will result in denial of the application.

I have read and I understand the above listed application waiting list criteria and I agree to comply with the terms of the waiting list criteria:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

This form and a copy of a U.S. government-issued photo ID must be submitted by email to [BACPPV@cityofchicago.org](mailto:BACPPV@cityofchicago.org) or in person to the Ogden Office during business hours of 8:30 a.m. to 3:00 p.m.

-----BACP USE ONLY-----

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_ Denied by: \_\_\_\_\_

Reason For Denial: \_\_\_\_\_

License Number Issued: \_\_\_\_\_ PC