

City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608

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**Transportation Network Provider License Renewal Checklist**

**April 1, 2016 – March 31, 2017 License Term**

**TNP LICENSE RENEWAL PROCESS**

The Municipal Code of Chicago (MCC) is available at [www.amlegal.com](http://www.amlegal.com). Chapter 9-115 of the Municipal Code of Chicago contains the licensing and regulatory laws that govern a company engaged as a Transportation Network Provider (TNP).

The Transportation Network Provider Rules are posted at [www.cityofchicago.org/bacp](http://www.cityofchicago.org/bacp).

The license term for a TNP license is April 1st to March 31st of the subsequent year.

The currently issued transportation network provider (TNP) licenses expire March 31, 2016.

TNP licensees may start the license renewal process on-line. The license renewal may be performed on-line. The licensee’s IRIS account number and PIN must be entered to initiate and complete on-line license renewal. If needed, contact BACP for the IRIS account number and PIN.

The Online License Renewal system is at: <http://www.cityofchicago.org/city/en/depts/bacp/provdrs/bus/svcs/renew_your_businesslicenseonline.html>

Only an individual licensee, a registered corporate officer or LLC member, or an Illinois licensed attorney authorized by the licensee may renew a license on behalf of the licensee.

**DEBT AND HOLDS**

All debt owed by your company/organization to the City of Chicago must be resolved **before** you renew your license. If your account has debt holds, a Hold Notice will be included as part of this package. Debt holds include, but are not limited to taxes (including ground transportation taxes), Accessibility Fund contributions, and fines.

**DATA REPORTING**

License renewal applicants must be in compliance with Rule TNP2.02 of the TNP Rules. As part of the license renewal application, the following data must be submitted in the prescribed “TNP Reporting Manual” format.

* Data shall be updated and sent by the 16th of the month after the month for which the data was collected during the license term. If this day falls on a weekend or company-recognized holiday, it must be submitted on the next business day. The BACP Commissioner is authorized to grant an extension for compliance with this Rule upon request.
* Companies will submit 4 separate CSV files with the following naming convention, where [company] denotes the submitting company, [topic] represents one of the four areas being requested: driver, vehicle, trip, and session, and date corresponds to the period covered by the file. For instance, ACME service submitting the driver file of drivers eligible in March 2016 would submit acme-driver-201603.csv.
  + [company]-[topic]-[date].csv
* If already not created, companies should request a user account to submit files to sftp.cityofchicago.org where all files will be placed in that location.
* Each file must be submitted using the column order and format specified in the reporting manual.
* Files should have a header row using the column names specified in the Field column of the reporting manual (e.g., D1 for the first column of the driver file).
* Fields specified as “string” should be enclosed in double-quotes.
* Files must pass validity checks, such as correct driver’s license numbers, vehicle identification numbers, and formatting. Files may need to be resubmitted if these checks do not pass. Companies must make available a contact who can assist with any data-related questions pertaining to the submission as they arise. Files submitted with missing data may be rejected by the City of Chicago as incomplete and not in compliance.
* All columns must be populated and submitted with no additional columns.
* All rows must be populated and submitted with no additional blank or otherwise non-data rows, with the exception of the header row.
* Driver Name, Driver License Number, and Driver License State must be filled in and accurate everywhere they appear in the files.
* Vehicle Identification Number, License Plate Number, and License Plate State must be filled in and accurate everywhere they appear in the files.
* If a TNP licensee is permitted to submit data in a format in variation from the above, the licensee may continue to do so until notified otherwise by BACP; but, the agreed upon variation format must be consistent from month to month. Differences in file names and formats must be resolved before submission.
* To the extent variations in file names are permitted, the month and year must be clearly indicated. Absence of a year risks ambiguity and duplication of file names for the same month in different years.

**RENEWAL DOCUMENTS CHECKLIST**

The following documents must be completed and submitted at the time of your renewal appointment:

1. **LICENSE RENEWAL & CONFIRMATION FORM – Complete & Submit**

Complete the license renewal on-line and discuss any discrepancies or omissions with a BACP staff member. If you wish to make changes to your corporation’s officers or shareholders, you must submit a Change of Officer application and pay the applicable change of officer, addition, or removal of officer processing fees. The Transportation Network Provider License Renewal Confirmation Form attached to this checklist must be completed, signed, dated, and submitted.

1. **CERTIFICATE OF GOOD STANDING / LLC FILE DETAIL REPORT FOR LLCs - Submit**

If the license(s) is in the name of a corporation or LLC, the licensee must provide a Certificate of Good Standing from the Illinois Secretary of State or a Corporation or LLC File Detail Report downloaded from the Secretary of State Web site indicating that the corporation or LLC is in good standing. Proof of Good Standing must be dated after March 1, 2016.

1. **CERTIFICATE OF INSURANCE**

License renewal applicants must submit a Certificate of Insurance indicating the minimum mandated coverage for April 1, 2016-March 31, 2017 to BACP’s Public Vehicle Operations Division, 2350 W. Ogden, 1st Floor, Chicago, IL 60608 before their renewal can be finalized. You may submit via email to [BACPPV@cityofchicago.org](mailto:BACPPV@cityofchicago.org). Please refer to Municipal Code of Chicago chapter 9-115 for specifics on insurance requirements.

1. **TRADE DRESS/SIGNAGE AND DRIVER IDENTIFICATION – Submit**

Renewal applicants must submit:

* 1. A color photo or rendition of the TNP applicant’s distinctive trade dress and/or signage to be used by its affiliated vehicles at all times while vehicle is being used to provide transportation network services during license term.
  2. A color photo or rendition of the TNP applicant’s distinctive trade dress and/or signage to be used by its affiliated vehicles at all times while vehicle is being used to provide transportation network services at Chicago Airports during license term.
  3. A color photo or rendition of the TNP applicant’s driver identification card to be used to provide transportation network services during license term.

1. **TNP DRIVER BACKGROUND CHECK PROCESS – Submit**

Renewal applicants must submit a description of the background check process that will be used during the license term to evaluate and qualify TNP driver or partner applicants. The description must include the method that renewal applicant is using to verify driver/partner self-reported information. If the background checks were conducted by a vendor, include the name and address of the vendor.

1. **TNP VEHICLE INSPECTION PROCESS - Submit**

Renewal applicants must submit a description of the **ANNUAL** vehicle inspection process that will be used during the license term to evaluate and qualify TNP vehicles. The description must include the method that renewal applicant is using to verify driver/partner vehicle inspection results.

1. **TNP DATA SUBMISSION ATTESTATION – Submit**

Renewal applicants must submit a description of data verification process it has in place to ensure that data submissions are accurate and complete pursuant to MCC 9-115-210(d).

1. **TNP REPORTS REQUESTED - Submit**

Pursuant to MCC 9-115-210, license renewal applicants must submit the following reports for the 2015 calendar year:

1. the number and percentage of the licensee's customers within the city who requested wheelchair accessible vehicles and the number of filled requests;
2. the number and percentage of rides requested and accepted, and the number of rides requested and not accepted, by the licensee's drivers, including geographic information for these rides;
3. information on any of the licensee's drivers who were alleged to have committed a violation of MCC Chapter 9-115 or their terms of service or who have been suspended or banned from driving for the licensee, including any zero-tolerance complaints and the outcome of the investigation into those complaints;
4. information on any accident or other incident that involved a licensee's driver and that was reported to the licensee, the cause of the incident, and the amount paid, if any, for compensation to any party in each incident. The report will contain information as to the date of the incident, the time of the incident, the nature of the incident, and the amount that was paid pursuant to the licensee's insurance policy. Also, the report will provide the total number of incidents involving the licensee's driver during the year; and
5. the average number of hours and miles each of the licensee's drivers spent driving for the licensee.
6. **TNP LICENSE RENEWAL FEE PAYMENT – Submit**

Renewal applicants must submit the full amount of the applicable TNP license class renewal fee.

The license fee may be paid by credit card, certified check or money order.

Renewal license fee payment may be made online through the online license renewal system: <http://www.cityofchicago.org/city/en/depts/bacp/provdrs/bus/svcs/renew_your_businesslicenseonline.html>

Certified checks and money orders should be made payable to the “City of Chicago”. In order to provide you with more efficient service, all certified checks and money orders should be completed in full, and include IRIS account number(s).

**TNP License Renewal Confirmation for April 1, 2016 – March 31, 2017 Term**

**LEGAL NAME OF LICENSEE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRIS ACCOUNT NUMBER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest to the following:**

PRINT YOUR FIRST NAME MIDDLE NAME LAST NAME

**TYPE OF TNP LICENSE (Check One):**

* + **Class A.** TNP Class A applicant attests that the hours worked by all TNP company active drivers on TNP digital platform averages 20 hours or less per week. Annual Class A license fee is $10,000.
  + **Class B.** TNP Class B applicant attests that the hours worked by all TNP company active drivers on TNP digital platform averages more than 20 hours per week. Annual Class B license fee is $25,000.
* I am authorized by the above listed applicant company to renew its TNP license.
* I am renewing the City of Chicago Transportation Network Provider license on behalf of the applicant company listed above.
* I affirm that I have received and reviewed the contents and information contained in this four page document, “Transportation Network Provider License Renewal Checklist”.
* I affirm that the applicant company meets the requirements for the Class A or Class B license as selected above and as detailed in MCC 9-115-030.
* I affirm that the applicant company is in compliance and will continue to maintain compliance with all requirements listed in MCC 9-115 and the TNP Rules.
* I affirm that the applicant company is in compliance and will continue to maintain compliance with all requirements mandated by federal, state, and city laws and regulations.
* I affirm that all the statements made and given 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 documents attached thereto (intentional or unintentional) will result in the denial of this application.

**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 Individual Listed Above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title or Relationship with Renewal Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**