



City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division • 2350 W. Ogden, First Floor • Chicago, IL 60608
312-746-4200 • BACPPV@CITYOFCHICAGO.ORG • WWW.CITYOFCHICAGO.ORG/BACP

WAV TAXICAB VEHICLE MAINTENANCE SUBSIDY REQUEST vd: 8 18 16

Taxicab Medallion License Holders applying for the annual WAV taxicab vehicle maintenance subsidy must complete and submit this form no later than the date of the next scheduled taxicab vehicle inspection at the BACP Public Vehicle Inspection Facility. Submit forms and receipts to the Public Vehicle Operations Division at 2350 W. Ogden, 1st floor, Chicago, IL, 60608 Attn: WAV Taxicab Maintenance Subsidy OR via email to BACPPV@cityofchicago.org. Forms must be submitted with copies of receipts from a licensed motor vehicle repair shop. (See reverse side for list of requirements) Use a separate form for each WAV taxicab vehicle.

WAV TAXICAB VEHICLE INFORMATION

TAXICAB MEDALLION license number for which WAV Subsidy MAINTENANCE is sought: _____ TX.

Current Mileage: _____ Amount of subsidy sought: \$ _____ (Maximum reimbursement is \$5,000)

MOTOR VEHICLE REPAIR SHOP INFORMATION

Name of Licensed Repair Shop: _____ License Number: _____

Contact Person _____ Contact Phone Number: _____

Address of Licensed Repair Shop: _____

If there is more than 1 repair shop you may use Appendix A to list them. See page three.

SIGNATURE AND AFFIRMATION INFORMATION

I affirm that all the information and statements made on this form and on the attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me in this subsidy application or attachments (intentional or unintentional) will result in the denial of the request submitted and/or applicable penalties; including but not limited to, revocation of the taxicab medallion license listed on this reimbursement form. 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.

Applicant/Licensee Signature: _____

Taxicab Owner Company Name: _____

Print Recipient Name: _____ (Payee To Be Listed On The Check)

Recipient's Relationship To Taxicab Owner: _____ Recipient FEIN: _____

Recipient Address On Check: _____ (Checks Disbursed At BACP Office)

***** **SECTION BELOW MUST BE COMPLETED BY BACP STAFF** *****

Inspections: 1st _____ /Result: _____ 2nd _____ /Result: _____

- Receipts (☐ yes / ☐ no) ● Approved Expenses (☐ yes / ☐ no) ● VIN on Receipts (☐ yes / ☐ no) ● Licensed MVR (☐ yes / ☐ no)
● Passed Inspection (☐ yes / ☐ no) ● List of Previous Expenses Checked (☐ yes / ☐ no) ● Open Taxi Letter (☐ yes / ☐ no)

Amount approved: \$ _____ Request Denied: _____ Decision by: _____

Decision Date: _____ - NAME & TITLE

(If Subsidy is denied, list reason here: _____ . -

Please see reverse side for important information regarding this form.

★ **BEFORE SUBMITTING THIS FORM, VERIFY AND MAKE SURE YOUR DOCUMENTS MEET THESE REQUIREMENTS:**

ITEMIZED RECEIPTS AND INVOICES MUST HAVE THE FOLLOWING

Date of service	Description of work performed	Price paid for labor
Repair Shops Business Name, Address and Phone Number	List of parts	Sales Tax (if applicable)
Vehicle information (make/model/mileage/and vin number)	Price paid for parts	Total price paid

NOTE: Itemized service receipts or invoices that will be accepted are those dated within the current calendar year and issued from a licensed repair facility or authorized service center. Service must have been performed on the WAV taxicab vehicle for which the subsidy is being applied for. All in-house facilities performing services on a WAV taxicab vehicle are also required to submit receipts and/or invoices as referenced above. These too must contain the name and contact number of individual who performed the work.

Service items that are acceptable and qualify for subsidy incentive include but are not limited to the following.

Routine maintenance as outlined by vehicle manufacturer. Such as items listed below:	Repairs and maintenance to equipment installed on WAV taxicab, such as:	Non-Routine/Unscheduled Repairs
<ul style="list-style-type: none"> •Oil Change •Vehicle Fluids •Filters •Drive or Timing Belts •Tire rotations •Windshield Wipers •Hoses •Lights •Brakes •Chassis Lubrication •Tune Ups •Tires (once per Year) 	<ul style="list-style-type: none"> •Ramp •Hinges •Wiring •Tie-downs •Doors •Kneel system •Motors 	Repairs to the vehicle not covered by the manufacturer warranty necessary for the operation of the vehicle. These requests will be evaluated on a per case basis.

Items not included in the list above as qualifying for the subsidy will require pre-approval before any subsidy is distributed.

NOTE: Taxicab medallion licensee must be in compliance with all City of Chicago laws and owe no debt to the City of Chicago in order to qualify for this subsidy. Licensee must be in an active participant and in good standing with the City of Chicago Centralized WAV Taxi Dispatch Service (Open Taxis). You must obtain and submit a letter from Open Taxis stating that you are an active member in good standing with this application for it to be accepted. You must also submit a copy of the current vehicle registration with the Illinois Secretary of State as proof of vehicle ownership.

Parts acquired with this subsidy may not be sold. You must obtain written authorization from BACP to swap out parts from one WAV taxicab to another WAV taxicab. Your failure to comply with the requirements listed in this document and applicable laws may result in the revocation of any or all taxicab medallion licenses.

APPENDIX A: MULTIPLE MOTOR VEHICLE REPAIR SHOP SHEET

Name of Licensed Repair Shop: _____

Address of Licensed Repair Shop: _____

License Number: _____ Contact Person: _____

Contact Phone Number: _____

Amount of subsidy sought for repairs performed at this shop: \$ _____

Name of Licensed Repair Shop: _____

Address of Licensed Repair Shop: _____

License Number: _____ Contact Person: _____

Contact Phone Number: _____

Amount of subsidy sought for repairs performed at this shop: \$ _____

Name of Licensed Repair Shop: _____

Address of Licensed Repair Shop: _____

License Number: _____ Contact Person: _____

Contact Phone Number: _____

Amount of subsidy sought for repairs performed at this shop: \$ _____

Name of Licensed Repair Shop: _____

Address of Licensed Repair Shop: _____

License Number: _____ Contact Person: _____

Contact Phone Number: _____

Amount of subsidy sought for repairs performed at this shop: \$ _____

This form may be duplicated as many times as is needed.