



APPLICATION FOR A TAXI METER MANUFACTURER LICENSE

Please email at: Businessunit@tlc.nyc.gov to schedule an appointment to submit your application and supporting documents. Completed application, required documentation and fees can be submitted in person at: 31-00 47th Avenue, 3rd Floor, Long Island City, NY 11101, between the hours of 8:00 am to 3:30 pm, Monday-Friday. Please visit our website for more information at: www.nyc.gov/tlc, or contact our Call Center at 718-391-5501.

Business Type (Please check one)		
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>

Application Type (Please check one)	
New Application <input type="checkbox"/>	<input type="checkbox"/>
Renewal Application <input type="checkbox"/>	<input type="checkbox"/>

Applicant	
Taxi Meter Manufacturer <input type="checkbox"/>	<input type="checkbox"/>
If this application is to provide certification to a representative on behalf of the manufacturer-Please check here <input type="checkbox"/>	<input type="checkbox"/>

License #:

(Please enter your current license #. If application is for new application please leave blank)

I. BACKGROUND INFORMATION ON BUSINESS

(All fields in this section must be filled-out completely for your application to be processed)

Business Name:

D/B/A:

Address:

City: State: Zip Code:

E-Mail: (required)

Website Address (optional):

Telephone #: EIN #: or SSN#:

24 Hour Phone #:

Proof of EIN / Social Security No. – If a corporation or partnership, you must submit an IRS issued 145-C letter/notice. If a sole proprietor, you must submit proof of social security number.

II. LISTING OF ALL OWNERS, OFFICERS, PARTNERS, MANAGERS AND STOCKHOLDERS – this page can be photocopied if needed for additional officers.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
How long at this Address?	<input type="text"/>	# of shares:	<input type="text"/>
		DMV license #:	<input type="text"/>
		DMV license State:	<input type="text"/>
Date of Birth:	<input type="text"/>	EIN/SSN#:	<input type="text"/>
	Month Day Year		
Title:	<input type="text"/>	Phone #:	<input type="text"/>

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
How long at this Address?	<input type="text"/>	# of shares:	<input type="text"/>
		DMV license #:	<input type="text"/>
		DMV license State:	<input type="text"/>
Date of Birth:	<input type="text"/>	EIN/SSN#:	<input type="text"/>
	Month Day Year		
Title:	<input type="text"/>	Phone #:	<input type="text"/>

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
How long at this Address?	<input type="text"/>	# of shares:	<input type="text"/>
		DMV license #:	<input type="text"/>
		DMV license State:	<input type="text"/>
Date of Birth:	<input type="text"/>	EIN/SSN#:	<input type="text"/>
	Month Day Year		
Title:	<input type="text"/>	Phone #:	<input type="text"/>

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
How long at this Address?	<input type="text"/>	# of shares:	<input type="text"/>
		DMV license #:	<input type="text"/>
		DMV license State:	<input type="text"/>
Date of Birth:	<input type="text"/>	EIN/SSN#:	<input type="text"/>
	Month Day Year		
Title:	<input type="text"/>	Phone #:	<input type="text"/>

III. APPOINTMENT NOTICE

PLEASE NOTE – THIS FORM MUST BE FILLED OUT BY THE BUSINESS DESIGNEE TO APPOINT A REPRESENTATIVE (S) OR OFFICER OF REPRESENTATIVE

This must be SUBMITTED & COMPLETED with your application.

I am _____(title) of the named manufacturer (the "Manufacturer") on this application, and am authorized to take the actions herein indicated. Manufacturer hereby appoints the person or entity named below as its representative (the "Representative") to hold a license for the manufacture of taximeters as provided in Chapter 64 of the Rules of the New York City Taxi & Limousine Commission (TLC). The Manufacturer understands that the Representative is required to meet all applicable standards, criteria and conditions of licensure provided in Chapter 64 of the TLC Rules. The Representative noted below is been authorized by this appointment to act on behalf of the Manufacturer and to bind the Manufacturer to the fulfillment of the duties and responsibilities of a licensee under Chapter 64, and the Manufacturer hereby agrees to be so bound and acknowledges that it is bound hereby. The Manufacturer continues to be responsible for fulfilling the duties and responsibilities of a manufacturer under Chapter 64 of the TLC Rules.

Last Name:

First Name:

Address:

City: **State:** **Zip Code:**

Title:

Telephone #:

Last Name:

First Name:

State: **Zip Code:**

Title:

Telephone #:

Signature (Business Designee)

Title

Print Name

Date

IV. TAXI METER MANUFACTURER- REPRESENTATIVE CERTIFICATION FORM

PLEASE NOTE – ALL DESIGNATED REPRESENTATIVE (S) OR OFFICER OF REPRESENTATIVE MUST FILL OUT THIS FORM

This must be SUBMITTED & COMPLETED with your application.

1. I have submitted this affirmation at the request of the New York City Taxi & Limousine Commission (TLC).
2. I am authorized to give this affirmation. I am the _____ (title) of _____ (company) or acting in my individual capacity. As such I/ _____ hereby certify that I / _____ do hereby agree to accept the appointment of _____ (the Manufacturer) as representative (the Representative) to hold a license on behalf of Manufacturer as a manufacturer of taximeters as required under Chapter 64 of the TLC Rules.
3. I hereby certify that this attached application is being submitted on the behalf of said manufacturer.
4. I further certify that as the representative or officer of the representative for such named manufacturer, I am required to meet all applicable conditions and qualifications of licensure provided in Chapter 64 of the TLC rules and regulations and must be authorized by appointment to act on behalf of the manufacturer and to bind the manufacturer.
5. I am aware that if granted, the use and retention of the License is contingent upon full and consistent satisfaction of all the requirements of the Taxi and Limousine as set forth in the commission's rules and regulations.
6. I understand that any false statement contained herein constitutes perjury, and, among other things, could be the basis for the immediate suspension and/or revocation of the license issued.

Representative 1

Representative 2 (if applicable)

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date

Representative 3 (if applicable)

Representative 4 (if applicable)

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date

V. AFFIRMATION

PLEASE NOTE: REQUIRED TO BE COMPLETED AND SIGNED BY ONE OFFICER REPRESENTING THE OWNER(S).

This must be COMPLETED and SUBMITTED with your application.

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1. I have submitted this affirmation at the request of the New York City Taxi & Limousine Commission (TLC).
 2. I further agree to notify the TLC promptly if any information concerning the business to which the License is being issued is amended.
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"I hereby affirm, under penalty of law, that I have examined and reviewed the information in the submitted form(s) or application(s), including any supplemental form(s) and/ or document(s) and that these document(s) and or statement(s) do not contain any untrue statement(s) nor are they missing any material information and/ or fact(s). I also acknowledge and understand that any false statement(s) submitted is punishable under the law and may result in a denial of an application or the suspension or revocation of an existing license/ permit."

Name (print): _____

Title: _____

Signature: _____

Today's Date: _____



NAME INQUIRY OR NAME RESERVATION REQUEST

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Before an application can be submitted for consideration of an entity name (New Application or Name Change Application), the name must be reviewed and approved by the Division of Applicant Licensing. Any names accepted by the TLC will be held on file for thirty (30) days from the dated stamped below.

Please list the proposed Trade Names by order of preference:

Names Accepted Yes _____ No _____

Names Accepted Yes _____ No _____

Names Accepted Yes _____ No _____

Please list the proposed Doing Business As (d/b/a) Names by order of preference:

Names Accepted Yes _____ No _____

Names Accepted Yes _____ No _____

Names Accepted Yes _____ No _____

Entity Type: Livery Base Broker or Agent Taxi Meter Lux. Limo
Commuter Van Paratransit Services Black Car

Requested by:

If this request is for a currently licensed entity please indicate license #:

Telephone #:

Email Address:

Website Address:

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

