



## APPLICATION TO CHANGE STATUS OF A BASE /AUTHORITY

Please visit [www.nyc.gov/tlcselfscheduling](http://www.nyc.gov/tlcselfscheduling) to schedule an appointment to submit your completed application, required documentation and fees via appointment. Please visit our website for more information at: [www.nyc.gov/tlc](http://www.nyc.gov/tlc).

This form can be used to apply for an ownership change, a location change and / or a name change of a TLC base / authority.  
Please check all changes you are applying for.

**For all types of applications, the ENTIRE form must be completed, not just specific sections.**  
Please see below for the additional required sections that must be completed.

Base License #:

### License Type:

Livery Base       Black Car       Lux. Limo   
 Paratransit       Commuter Van

#### Base/Authority Name Change:

Please check appropriate box(es) to indicate the type of change you are applying for:

Changing Business Name   
 Changing or Adding a D/B/A Name

#### Location Change:

Please check appropriate box(es) to indicate the type of change you are applying for:

Moving base station location   
 Moving Off-Street parking location (Livery Only)   
 Change from LX to BK or Luxury Base to Black Car Base

#### Ownership Change:

Please check appropriate box(es) to indicate the type of change you are applying for:

Selling the base from one entity to another   
 Adding an Officer / Shareholder   
 Adding a Manager

**NOTE:** Commuter Van Authorities may NOT change ownership if the EIN# is changing; if there is a change in the EIN, one must file for a NEW authority license.

### I. CURRENT INFORMATION ON BASE /AUTHORITY – This is the information currently on record with the TLC.

(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 (required):

Telephone #:  24-Hour Phone #:

FCC Lic. #:  Or list alternative form of communication  
 EIN #:  or SSN#:

**Proof of EIN / Social Security No. –** If a corporation or partnership, you must submit an IRS issued CP-575 Notice or a 145-C letter. If a sole proprietor, you must submit proof of social security number.

“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 (printed): \_\_\_\_\_

Name (signature): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Last Name:  First Name:

Address:

City:  State:  Zip Code:

# of shares:  DMV license #:  DMV license State:  Title:

Date of Birth:  EIN/SSN#:   
Month Day Year

Individual E-mail address:  Phone #:

---

Last Name:  First Name:

Address:

City:  State:  Zip Code:

# of shares:  DMV license #:  DMV license State:  Title:

Date of Birth:  EIN/SSN#:   
Month Day Year

Individual E-mail address:  Phone #:

---

Last Name:  First Name:

Address:

City:  State:  Zip Code:

# of shares:  DMV license #:  DMV license State:  Title:

Date of Birth:  EIN/SSN#:   
Month Day Year

Individual E-mail address:  Phone #:

---

Last Name:  First Name:

Address:

City:  State:  Zip Code:

# of shares:  DMV license #:  DMV license State:  Title:

Date of Birth:  EIN/SSN#:   
Month Day Year

Individual E-mail address:  Phone #:

**III. CHANGE OF INFORMATION – this is the new information submitting to the TLC.**

Business Name:

D/B/A:

Address:

City:  State:  Zip Code:

E-Mail (required):

Website Address (required):

Telephone #:  EIN #:  or SSN#:

24 Hour Phone #:

**Proof of EIN / Social Security No.** – If a corporation or partnership, you must submit an IRS issued CP-575 Notice or a 145-C letter. If a sole proprietor, you must submit proof of social security number.

**IV. CURRENT OFF-STREET PARKING INFORMATION – This is where your vehicles are currently authorized to park. Please note that you must have ½ the number of spaces for every vehicle you have affiliated. (For example, if you have 10 vehicles, you must have 5 spaces) - - - - - FOR LIVERY BASE ONLY**

**LOCATION # 1**

Address:

City:  State:  Zip Code:

# of spaces:

**LOCATION # 2 (If applicable)**

Address:

City:  State:  Zip Code:

# of spaces:

**V. PROPOSED OFF-STREET PARKING INFORMATION – This is where you are applying to have your vehicles park. If you are ONLY applying to relocate your base station location, please leave blank - - - - - FOR LIVERY BASE ONLY**

**LOCATION # 1**

Address:

City:  State:  Zip Code:

# of spaces:

**LOCATION # 2 (If applicable)**

Address:

City:  State:  Zip Code:

# of spaces:

**VI. BACKGROUND QUESTIONNAIRE**

PLEASE NOTE – ALL OFFICERS MUST FILL OUT THIS FORM.

Any individual that holds 10% or more of the shares OR a title as President, Vice President, Secretary, Treasurer or Member must completely fill-out this page. Please make additional copies of this page if necessary.

All questionnaires must be COMPLETED & SUBMITTED with your application.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Title: \_\_\_\_\_

# of Shares: \_\_\_\_\_

Base Name: \_\_\_\_\_

Base #: \_\_\_\_\_

**Have you ever:**

- A) been convicted of any crime anywhere? YES  NO
- B) had any type of license suspended or revoked? YES  NO
- C) had any TLC license with your name under any other individual, partners, corporations, officers, principle and/or stockholders? YES  NO

If you answered "YES" to any of the preceding three questions you must provide a signed statement (below or on a separate document) and give pertinent documentation giving all relevant details as an addendum to this application.


**VI. DISPATCH APP INFORMATION**

Will your base use a passenger-facing App to provide dispatches?  Yes  No  Unknown

What type of App will the proposed base use?  Proprietary  HVFHS  Both  None

For proprietary Apps -- What is the name of the base's App? (List all Apps owned/operated by the base.)

Four empty rectangular boxes for listing app names.

**VIII. AFFIRMATION OF STATEMENTS OF APPROVAL FROM CITY COUNCIL MEMBER (CM), and COMMUNITY BOARD (CB) - - - FOR LIVERY BASE ONLY**

**Please Note: Your application will not be accepted without this form, the Original letters of no objection from City Council Member (CM), and Community Board (CB) OR copies of the letters requesting the "Letter of No Objection" along with the original signed certified mail receipts for the three (3) entities.**

I, \_\_\_\_\_ affirm:  
(print name)

That I am the (officer/owner of \_\_\_\_\_),  
(Base Name)

Officer/Owner of \_\_\_\_\_.  
(Base Number)

**That I make this affirmation based upon personal knowledge of the facts therein stated.**

**That said I submitted letters to the local City Council Member, and Community Board for the address of my base station and included in the mailing copies of page 1 & 2 of the application form and a copy of my formal lease agreement or contract for the Off-Street Parking (OSP) to the addresses below:**

**At:**

**CM # \_\_\_\_\_:** \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code)

**CB # \_\_\_\_\_:** \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code)

"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."

\_\_\_\_\_  
(Print Name) (Signature) (Date)



## BUSINESS NAME RESERVATION REQUEST

Before an application (New Business/Base Application or Name Change Application) can be submitted the name must be reviewed and approved by the Business Unit of TLC. **Any names accepted by the TLC are valid for (45) days** from the date indicated below and must be re-submitted thereafter for additional approval. *You must submit a valid name request along with your business application.*

Please email form to [name-reservation@tlc.nyc.gov](mailto:name-reservation@tlc.nyc.gov) for review of Business Name prior to scheduling an appointment. Please visit our website for more information at: [www.nyc.gov/tlc](http://www.nyc.gov/tlc).

	For Office Use Only	
	Approved?	
	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Entity Type:**

Livery Base <input type="checkbox"/>	Broker or Agent <input type="checkbox"/>	Taxi Meter <input type="checkbox"/>	Meter Manufacturer <input type="checkbox"/>
Commuter Van <input type="checkbox"/>	Paratransit Services <input type="checkbox"/>	Black Car <input type="checkbox"/>	Lux. Limo <input type="checkbox"/>
EHAIL <input type="checkbox"/>	TSP <input type="checkbox"/>		

If you currently own a licensed business with TLC please indicate license #:

Email Address:

Contact telephone #:

**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_