



David Do, Commissioner/Chair

Office of Legal Affairs
33 Beaver St., 22nd Floor
New York, New York 10004

Closing Date: _____ Closed by: _____

MEDALLION NUMBER(S):

APPLICATION FOR TAXICAB OWNER’S LICENSE (Representative/Estate)

IMPORTANT NOTICE

False statements made herein constitute perjury and may constitute grounds for denial of this application and subject the person making same to criminal prosecution. Taxicab licenses are effective June 1 through May 31 except temporary, non-renewable licenses, which expire one (1) year from date of issue. This application must be accompanied by a certified check for the appropriate amount of transfer tax and a check or money order for the applicable license and medallion transfer fee.

TYPE OF APPLICANT (Check One)

- Administrator
- Executor
- Other (please specify, such as guardian)_____

APPLICANT MUST SUBMIT (Check as applicable)

- Certified copy of death certificate
- Certified copy of will, if any.
- Letters Testamentary or Letters of Administration no more than 6 mos old (if a NY estate)
- Ancillary letters from no more than 6 mos old (if non-NY estate)
- Certified order appointing guardian or other legal representative if not an estate.

TYPE OF INTEREST (Check One)

- Corporation (submit TLC Form for Election of Officers)
- Individual (submit original and copy of hack license)
- Limited Liability Company (submit original and copy of filing receipt, Articles of Organization)
- Partnership (submit original and copy of Certificate of Partnership)

A) To be completed Applicants

Name: _____ Social Security Number: _____ Tel: _____
 Address: _____
 Email address: _____

Name: _____ Social Security Number: _____ Tel: _____
 Address: _____
 Email address: _____

<u>B) PROOF OF IDENTITY</u>			
Name	Date of Birth	Gov't issued photo ID?	Social Security Card?

C) CRIMINAL RECORD: Has any person named in "A" above ever been convicted of a crime?
 Yes___ No___ If "Yes" complete below and submit copy of disposition. If none, write "NONE".

<u>Name</u>	<u>Date of Conviction</u>	<u>Court & Location</u>	<u>Charge</u>	<u>Disposition</u>

D) LIABILITY INSURANCE INFORMATION (Submit Form FH-1)

	<u>Med. #</u>	<u>Med. #</u>	<u>Med. #</u>	<u>Med. #</u>
Carrier:				
Address:				
Policy #:				
Coverage:				
Effective period:				

E) WORKERS COMPENSATION INFORMATION

Carrier: _____

Address: _____

Policy #: _____

Effective period: _____

F) OTHER MEDALLION OWNERSHIP AND TLC LICENSES

Is any person named in "A" above presently an officer of a taxicab corporation or own an interest in any taxicab entity? Yes [] No [].
 If "Yes" complete information below (*attach additional sheets if necessary*).

<u>Name of Individual</u>	<u>Med. Numbers</u>	<u>Corporate Name</u>	<u># of Shares or Interests</u>	<u>% owned</u>

<p>Has any person named in "A" above ever possessed a taxicab driver's license? Yes [] No []. If "Yes" complete information below:</p> <p>Name: _____ License No.: _____</p> <p>Name: _____ License No.: _____</p> <p>Name: _____ License No.: _____</p> <p>Has any such person's license ever been revoked? Yes [] No []. If "Yes" provide license number and date of license revocation.</p> <p>License Number: _____ Date of Revocation: _____</p> <p>License Number: _____ Date of Revocation: _____</p>

OWNER (DECEDENT) INFORMATION

<p><u>I) Information On The Decedent owing a Medallion or Stock/Interest In The Entity Owning The Medallion(s).</u></p> <p>Owner Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Owner SSN: _____</p> <p>Name of Entity if applicable _____</p> <p>No. of shares/% interest held sold by Owner: _____</p>

REPRESENTATIVE VERIFICATION

_____, _____, _____, being duly sworn, deposes and says that:

1. I have read the foregoing application and the facts set forth herein are true and correct to the best of my knowledge and belief.
2. I agree to abide by the provisions governing the owners of Taxicab Medallions set out in the Administrative Code of the City of New York and the provisions of Title 35 of the Rules of the City of New York.

Name

Sworn to before me this _____ day of _____, 20__

Notary Public

Name

Sworn to before me this _____ day of _____, 20__

Notary Public

Name

Sworn to before me this _____ day of _____, 20__

Notary Public

Papers submitted by: _____
(Name of individual submitting the application)

Broker, if any: _____
(Name of Broker(s) submitting the application)

Phone number of Broker or Applicant: () _____
(Phone number)

BUYER CERTIFICATION

MEDALLION NUMBER(S) _____

DATE OF TRANSFER _____

Under penalty of perjury _____ (Buyer) hereby certify(ies), avow(s) and acknowledge(s) that

1. Buyer has paid any and all tax imposed on Buyer under Article 29-A of The New York State Tax Law.
2. Buyer is responsible for payment of any tax imposed or owing in respect of the Medallion(s) referenced above under Article 29-A of The New York State Tax Law.
3. Buyer is responsible for remittance of all monies collected from drivers for the \$.30 per trip Taxi Improvement Surcharge (“Surcharge”) for each trip made by the(se) taxicab(s) during:
 - a. The previous collection quarter (the full quarter before Buyer became the owner of the(se) medallions) if that payment has not yet been remitted.
 - b. The current collection quarter including the Surcharge for trips made during the current quarter and before Buyer became the owner of the(se) medallions.
 - c. Each collection quarter thereafter.

Name of Buyer/Transferee

Name of Buyer/Transferee

BY: _____
Signature

BY: _____
Signature

Date: _____

Date: _____

To be signed by:
All individual buyers;
A Partner if a partnership buyer;
An authorized officer if a corporate buyer;
An authorized member if an LLC buyer

