



APPLICATION TO OPERATE A NEW OR RENEWAL COMMUTER VAN AUTHORITY

Please visit 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.

Partnership <input type="checkbox"/>	Business Type - Please check one (1):	Sole Proprietorship <input type="checkbox"/>
Corporation <input type="checkbox"/>		LLC <input type="checkbox"/>

Base #:

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

I. BACKGROUND INFORMATION ON COMMUTER VAN AUTHORITY

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

Business Name:

D/B/A:

Email: (required)

Website Address (required):

Telephone #: EIN #: or SSN#:

24 Hour Phone #:

FCC Lic. #:

(Or provide details of the alternate form of communication used)

Details:

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.

If a Corporation, please list # of shares Authorized: Please list # of shares Issued/ Outstanding:

II. COMMUTER VAN AUTHORITY ADDRESS – This is the address from which you (will) dispatch vehicles.

Address:

City: State: Zip Code:

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:

How long at this Address? # of shares: DMV license #: DMV license State:

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

Title: Phone #:

Last Name: First Name:

Address:

City: State: Zip Code:

How long at this Address? # of shares: DMV license #: DMV license State:

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

Title: Phone #:

Last Name: First Name:

Address:

City: State: Zip Code:

How long at this Address? # of shares: DMV license #: DMV license State:

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

Title: Phone #:

Last Name: First Name:

Address:

City: State: Zip Code:

How long at this Address? # of shares: DMV license #: DMV license State:

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

Title: Phone #:

IV. WORKERS' COMPENSATION LAW

Authorities are required to maintain Workers' Compensation Insurance Coverage. A Certificate must be submitted to the Taxi and Limousine Commission. This can be obtained through the New York State Insurance Fund.

Please provide the following information with respect to your Workers' Compensation insurance:

Name Of Insurer:

Policy Number:

Effective Dates: _____ _____ _____ *to* _____ _____ _____
Month Day Year Month Day Year

Please completely fill it out and sign:

Name:

Title:

Signature:

Date:

V. 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: _____

Van Authority 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. AFFIRMATION OF COMPLIANCE WITH TITLE III OF THE FEDERAL AMERICANS WITH DISABILITIES ACT OF 1990

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

I, _____, as Owner, Partner, Officer or Stockholder
(circle one)

of _____, do hereby certify that the above named commuter van
(Authority Name)

service is in compliance with Title III of the Federal Americans with Disabilities Act of 1990(42 u.s.c. section 12101

et seq.) and any regulations promulgated hereunder, as such act and regulations may be amended.

"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): _____

Signature: _____

Today's Date: _____

Title: _____

VII. AFFIRMATION OF COMPLIANCE WITH SECTION V OF THE FEDERAL OMNIBUS TRANSPORTATION TESTING ACT OF 1991

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

I, _____, as Owner, Partner, Officer or Stockholder
(circle one)

of _____, do hereby certify that the above named commuter van
(Authority Name)

service is in compliance with such provisions of sections V of the federal OmniBus Transportation Testing Act of 1991 (49 u.s.c. section 2717 et seq.) and any regulations promulgated hereunder, as that act and regulations may be amended, as applicable to such commuter van service.

"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): _____

Signature: _____

Today's Date: _____

Title: _____

VIII. VEHICLE LISTING

Please copy if additional space is needed

Year:
Make:
Model:
Lic.#:
Plate#:

Wheelchair Accessible
YES NO

Year:
Make:
Model:
Lic.#:
Plate#:

Wheelchair Accessible
YES NO

Year:
Make:
Model:
Lic.#:
Plate#:

Wheelchair Accessible
YES NO

Year:
Make:
Model:
Lic.#:
Plate#:

Wheelchair Accessible
YES NO

Year:
Make:
Model:
Lic.#:
Plate#:

Wheelchair Accessible
YES NO

Note: If none of the vehicles listed above are Wheelchair Accessible please provide documentation showing compliance with the Federal American With Disability Act

Office Use Only
Initials of Person Assigned to Application: _____
License # Assigned: _____
Date Received ____/____/____

IX. CRIMINAL COURT AFFIRMATION

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.

AFFIRMATION

I am currently an officer/partner/owner for _____
(Name of Base)

This affirmation is submitted in conjunction with the application of _____ for a TLC license to operate a
(Base License #)

base within the City of New York under the name of _____
(Name of Base)

Upon information and belief, no fines, levies or other funds are due and owing to the NYC Criminal Courts by either me or

(circle one) _____
(Officers, Shareholders, Partners or Individual Owners)

In the event it is determined that funds are due and owing by either myself individually or (circle one)

_____, I promise I shall remit such funds to the
(Officers, Shareholders, Partners or Individual Owners)

Criminal Court within one (1) week after demand for same and promptly thereafter submit written evidence of such satisfaction to the

Commission. I understand and acknowledge that the license issued to me individually and/or that issued to the Base will be subject to

suspension and/or revocation in the event any such funds are not paid as stated above.

"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): _____

Signature: _____

Today's Date: _____

Title: _____



NAME INQUIRY OR NAME RESERVATION REQUEST

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 email businessunit@tlc.nyc.gov for approval for Name Inquiry prior to scheduling an appointment. Please visit our website for more information at: www.nyc.gov/tlc.

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 LPEP TPEP
- EHAIL DSP

Requested by:

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

Email Address:

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____