



**NEW & RENEWING BROKER / AGENT LICENSE APPLICATION, AND CHANGE OF INFORMATION**

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)

License #:

Please enter current license#. If application is for new base, a license # will be assigned.

License Type:

Medallion Agent

Medallion Broker

**Purpose of this application:**

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

New License Application

Renewal License Application

Change of Information  
(Location, Name Change, Change of Owner,  
Officers etc.)

**Business Type:**

Please check appropriate box (check one only)

Sole Proprietorship

Partnership

Corporation

LLC

**I. BACKGROUND INFORMATION ON AGENT/BROKER**

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

Name:

D/B/A:

Address:

City:

State:

Zip Code:

E-Mail:  
(required)

Website Address  
(optional):

Business Phone #:

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:**  **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 #:**

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

Business Name:

D/B/A:

Address:

City:  State:  Zip Code:

Email (required):

Website Address (required):

Base Phone #:  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. AGENT MEDALLION AND PARKING MANAGEMENT INFORMATION**

**AGENTS ONLY**

Medallions Managed:

A. Number of Medallions managed on long term basis (not by shift or day): \_\_\_\_\_

B. Number of Medallions managed daily/shift basis: \_\_\_\_\_

Please attach list of medallions mentioned in section A & B

Parking Location Address:

\_\_\_\_\_

\_\_\_\_\_

Number of Spaces for medallions managed on long term basis: \_\_\_\_\_

Number of Spaces for medallions managed daily/shift basis: \_\_\_\_\_

Parking Location Address #2:  
**(If more than one location is used or to notify TLC of proposed parking location)**

\_\_\_\_\_

\_\_\_\_\_

Number of Spaces for medallions managed on long term basis: \_\_\_\_\_

Number of Spaces for medallions managed daily/shift basis: \_\_\_\_\_

**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: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

**Character/History of Principals**  
**Have you ever:**

A) been convicted of any crime anywhere, other than a traffic violation? 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

D) compromised any liability with creditors, been insolvent? YES  NO

E) been refused a bond or had an existing bond cancelled by the obligor? YES  NO

**If you answered "YES" to any of the preceding questions you must provide a signed statement (below or on a separate document) giving pertinent documentation such as names, dates, license numbers, certificate of deposition etc.**

**Medallion Ownership**

Are you presently an officer of a taxicab corporation or own interest in any taxicab corporation? YES  NO

*If you answered YES please provide all relevant details (below or on a separate document) such as name of individuals, Medallion license numbers, corporation names, etc.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. AFFIRMATION**

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

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1. I have submitted this affirmation at the request of the New York City Taxi & Limousine Commission (TLC).
  
2. I am currently an officer of \_\_\_\_\_  
(Name of Company)
  
3. I further agree to notify the TLC promptly if any information concerning the business to which the license is being issued is amended or otherwise charged.

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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 further affirm and certify that, per TLC Rule §63-04(h) and §63-11(g), all taxes and surcharges collected on behalf of a Medallion Owner during the time period that the Medallion was managed by us, have been remitted to the appropriate parties. 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: \_\_\_\_\_