



## TAXI METER BUSINESS NEW, RENEWAL OR CHANGE OF INFORMATION APPLICATION

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).

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

<b>Business Type (Please check one)</b>	
Individual	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>
LLC	<input type="checkbox"/>

License #:

Please enter your license #.  
If application is for new Taximeter, a license # will be assigned.

### I. BACKGROUND INFORMATION ON A TAXI METER MANUFACTURER BUSINESS LICENSE

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

Business Name:	<input style="width: 95%;" type="text"/>		
D/B/A:	<input style="width: 95%;" type="text"/>		
Address:	<input style="width: 95%;" type="text"/>		
City:	<input style="width: 90%;" type="text"/>	State:	<input style="width: 90%;" type="text"/>
	Zip Code:	<input style="width: 90%;" type="text"/>	
E-Mail: (required)	<input style="width: 95%;" type="text"/>		
Website Address (optional):	<input style="width: 95%;" type="text"/>		
Telephone #:	<input style="width: 90%;" type="text"/>	EIN #: <input type="checkbox"/>	or SSN#: <input type="checkbox"/> <input style="width: 90%;" type="text"/>
24 Hour Phone #:	<input style="width: 95%;" type="text"/>		

**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. TAXI METER BUSINESS WORKSITE INFORMATION**

**LISTING OF ALL EMPLOYEES QUALIFIED TO INSTALL, REPAIR OR RECALIBRATE METERS**

Last Name:	
First Name:	
Certified to work on:	
<hr/>	
Last Name:	
First Name:	
Certified to work on:	
<hr/>	
Last Name:	
First Name:	
Certified to work on:	
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Last Name:	
First Name:	
Certified to work on:	
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Last Name:	
First Name:	
Certified to work on:	
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Last Name:	
First Name:	
Certified to work on:	
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**TAXI METER BUSINESS WORKSITE INFORMATION**

How many vehicles can be repaired simultaneously at location? \_\_\_\_\_

What provisions have been made for meter inspection? \_\_\_\_\_

Is a certified measured mile available in your area for test purposes?      Yes       No

What is the location? \_\_\_\_\_

**IV. 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):

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.**

**V. CHANGE IN WORKSITE INFORMATION (Including addition of individuals qualified to work on meters).**

**LISTING OF ADDITIONAL INDIVIDUALS QUALIFIED TO INSTALL, REPAIR OR RECALIBRATE METERS**

Last Name:

First Name:

Certified to work on:

Last Name:

First Name:

Certified to work on:

**TAXI METER BUSINESS INFORMATION (PROPOSED SITE)**

How many vehicles can be repaired simultaneously at location: \_\_\_\_\_

What provisions have been made for meter inspection: \_\_\_\_\_

Is a certified measured mile available in your area for test purposes? Yes  No

What is the location? \_\_\_\_\_

**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: \_\_\_\_\_

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 obligator? 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**

Do you have an interest in any medallion taxicab as an owner, officer, partner, shareholder or creditor?

YES  NO

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

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**VII. 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 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.

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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

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](mailto: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](http://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:** \_\_\_\_\_