



## 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

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

**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:

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.


**VII. DISPATCH SERVICE PROVIDER**

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

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

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

Two sets of empty rectangular boxes for listing app names.

For non-proprietary Apps fill in the Dispatch Service Provider Disclosure form at the end of this document.

**VIII. AFFIRMATION OF STATEMENTS OF APPROVAL FROM CITY COUNCIL MEMBER (CM), COMMUNITY BOARD (CB) AND LOCAL POLICE PRECINCTS (PD) - - - 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), Community Board (CB) and Local Police Precinct (PD) 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, Community Board and Local Police Precinct 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)

**PD # \_\_\_\_\_:** \_\_\_\_\_ (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)



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



## LIST OF DISPATCH SERVICE PROVIDERS CONTRACTED TO BASE

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).

Under Chapter 77 of the TLC rules, an app that contracts with licensed bases can only dispatch vehicles affiliated with those bases and must obey all TLC rules governing them, including but not limited to dispatching only to licensed drivers and vehicles, charging rates in compliance with the rates that each base it is dispatching through has on file with the TLC, and disclosing all pertinent base, vehicle, and driver license numbers to passengers in a conspicuous manner. Apps that do not have their own base license, but have contracts with licensed bases, in effect dispatch or refer jobs on behalf of those bases. Use of these apps must not result in violation of TLC rules by bases, vehicles, or drivers.

If a contract is already in use you must provide a list of all services contracted to the base. A copy of the operation agreement between the base and all services listed will need to be filed with the business unit at TLC.

**Please list the Names and License numbers of all Contracted Dispatch Services:**

<b>Dispatch Service Provider Name</b>	<input style="width: 100%;" type="text"/>
<b>Dispatch Service Provider License #</b>	<input style="width: 100%;" type="text"/>
<b>Effective date of Agreement</b>	<input style="width: 100%;" type="text"/>
<b>Dispatch Service Provider Name</b>	<input style="width: 100%;" type="text"/>
<b>Dispatch Service Provider License #</b>	<input style="width: 100%;" type="text"/>
<b>Effective date of Agreement</b>	<input style="width: 100%;" type="text"/>
<b>Dispatch Service Provider Name</b>	<input style="width: 100%;" type="text"/>
<b>Dispatch Service Provider License #</b>	<input style="width: 100%;" type="text"/>
<b>Effective date of Agreement</b>	<input style="width: 100%;" type="text"/>
<b>Dispatch Service Provider Name</b>	<input style="width: 100%;" type="text"/>
<b>Dispatch Service Provider License #</b>	<input style="width: 100%;" type="text"/>
<b>Effective date of Agreement</b>	<input style="width: 100%;" type="text"/>

**NOTE:** This page may be photocopied if more space is needed for the information requested.

**FOR OFFICE USE ONLY**

**Reviewed by:** \_\_\_\_\_

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