



FOR-HIRE VEHICLE (FHV) INTERIOR ADVERTISING PROVIDER (IAP) LICENSE APPLICATION

Use this form to apply for a new FHV Interior Advertising Provider License

I. INTERIOR ADVERTISING PROVIDER INFORMATION

Business Type: ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Sole Proprietorship ☐ Individual

Business Name:

D/B/A:

EIN/SSN:

Business Address

City:

State:

Zip Code:

E-Mail (required):

Business Phone #:

Website Address:

Mobile Phone #:

What video format will your content appear in?

What email address can TLC send City content & who can TLC contact?

II. LIST OF ALL OWNERS, OFFICERS, PARTNERS, MANAGERS AND STOCKHOLDERS

This page can be photocopied if needed for additional officers.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (_____) _____ — _____ % OF SHARES: _____

SS #: _____ — _____ — _____ Valid Govt Issued ID #: _____

Please check if you are:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Member |

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (_____) _____ — _____ % OF SHARES: _____

SS #: _____ — _____ — _____ Valid Govt Issued ID #: _____

Please check if you are:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Member |

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (_____) _____ — _____ % OF SHARES: _____

SS #: _____ — _____ — _____ Valid Govt Issued ID #: _____

Please check if you are:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Member |

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (_____) _____ — _____ % OF SHARES: _____

SS #: _____ — _____ — _____ Valid Govt Issued ID #: _____

Please check if you are:

<input type="checkbox"/> President	<input type="checkbox"/> Vice President
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Manager
<input type="checkbox"/> Partner	<input type="checkbox"/> Member

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (_____) _____ — _____ % OF SHARES: _____

SS #: _____ — _____ — _____ Valid Govt Issued ID #: _____

Please check if you are:

<input type="checkbox"/> President	<input type="checkbox"/> Vice President
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Manager
<input type="checkbox"/> Partner	<input type="checkbox"/> Member

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (_____) _____ — _____ % OF SHARES: _____

SS #: _____ — _____ — _____ Valid Govt Issued ID #: _____

Please check if you are:

<input type="checkbox"/> President	<input type="checkbox"/> Vice President
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Manager
<input type="checkbox"/> Partner	<input type="checkbox"/> Member

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (_____) _____ — _____ % OF SHARES: _____

SS #: _____ — _____ — _____ Valid Govt Issued ID #: _____

Please check if you are:

<input type="checkbox"/> President	<input type="checkbox"/> Vice President
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Manager
<input type="checkbox"/> Partner	<input type="checkbox"/> Member

APPLICATION AFFIRMATION

"I hereby affirm and acknowledge, 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) are true and do not contain any untrue statement(s) nor are they missing any material information and/ or fact(s). If any of the information in this application changes, I must inform the NYC Taxi and Limousine Commission of those changes. I also understand that I must comply with all relevant laws and rules if granted a license/permit/authorization to operate. 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/authorization. I also acknowledge and affirm that I am an owner, officer, partner of the business entity filing this application and that I am authorized and empowered to enter into binding agreements on behalf of the business entity for the purposes of this application and all related business with TLC. I understand that TLC will review my application and information herein to determine fitness to hold a license, including but not limited to a background check."

Print Owner Name (Majority Shareholder/ LLC Managing Member)	Signature	Date (mm/dd/yyyy)
---	------------------	--------------------------

Notary Acknowledgment (notarization is required)

On this _____ day of _____ 20 __, before me appeared the above signatory, who proved to me through government issued photo identification to be the above-named individual (signing on the company's behalf), executed the foregoing instrument while in my presence.

Notary name (print)	Notary signature	Date (mm/dd/yyyy)
----------------------------	-------------------------	--------------------------

Notary public: affix stamp (or other indication of notary authority).

BUSINESS AFFIRMATION

I _____, as Owner, ☐ Partner, ☐ or Officer ☐
(print name)

Name of Business (the applicant)

By submitting this application, I affirm and acknowledge that:

- falsification of any statement made herein is a crime punishable by a fine, and/or imprisonment, and/or may result in denial of the license, permit or authorization, or if granted, revocation of same;
- this application is valid for 90 days; any fees paid with this application are not refundable and payment with the submission of this application does not guarantee the issuance of a TLC license, permit or authorization;
- any TLC-issued Interior Advertising Provider License number will be displayed on the Interior Advertising Systems at all times;
- the Business Entity complies with all of the rules and requirements in Sub-Chapter §59E, including but not limited to:
 - maintain at all times during the term of their license a current mailing address, email address and telephone number with the TLC (Rules §59E-04 and §59E-13)
 - ensure that provided Interior Advertising System documentation, software, and hardware, and any modifications thereto, meet and comply with all TLC Rules and Requirements (Rules §59E-05, §59E-20, and §59E-22) and provide such documentation to the Commission upon request
 - meet all of the insurance requirements for licensure (Rule §59E-05) and provide such documentation to the Commission upon request
 - comply with the indemnification requirements for licensure (Rule §59E-10) and provide such documentation to the Commission upon request
 - immediately notify the Commission in writing of any change in business ownership or application information (Rule §59E-14)
 - maintain and submit to the Commission all gross revenue data requirements (Rule §59E-15)
- I affirm this ____ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.



Part 2 - APPLICATION FOR A FOR-HIRE VEHICLE (FHV) INTERIOR ADVERTISING LICENSE

BACKGROUND QUESTIONNAIRE – required for the Business filing the application **AND** all individuals listed in Section II.

This page can be photocopied if needed.

Below are some background questions about criminal and/or civil charges. A conviction does not, by itself, mean you will not get a license/permit/authorization. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction will be considered. However, your application may be denied if you fail to disclose a conviction in response to the questions.

Business or Individual Name: _____

1. Has this Business or individual ever been licensed by the New York City Taxi and Limousine Commission?

☐ YES

☐ NO

If YES, provide the following information:

a. name of the business or individual involved	
b. business or home address associated with the license/permit/authorization	
c. TLC license/permit/authorization number	

2. Has this Business or individual ever had a TLC license/permit/authorization denied, suspended, or revoked?

☐ YES

☐ NO

If YES, provide the following information:

a. name of the business or individual involved	
b. business or home address associated with the license/permit/authorization	
c. TLC license/permit/authorization number	

3. Has this Business or individual ever been an owner, officer, or partner of an entity licensed by TLC?

☐ YES

☐ NO

If YES, provide the following information:

a. name of the business or individual involved	
b. business or home address associated with the license/permit/authorization	
c. TLC license/permit/authorization number	

If you answer YES for any of the following questions, please include the requested description and attach all relevant documents to this application. NOTE: Description should include the date of conviction, the nature of the incident, persons involved, and the outcome. Please include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision.

1. Has this Business or individual been found guilty of a crime or violation within the last five (5) years?

☐ YES

☐ NO

If YES, please provide a description of the crime or violation.

BACKGROUND QUESTIONNAIRE (cont.) – required for the Business filing the application **AND** all individuals listed in
Section II. - This page can be photocopied if needed.

2. Is there any TLC issued Notice of Violation, Notice of Hearing, Summons, Padlock Order, or other order now in effect and/or pending against this Business or individual or any other entity operated by this Business or individual?

☐ YES

☐ NO

If **YES**, please provide a description of the order, including all TLC imposed obligations to pay fines or restitution that have not been satisfied in full.

3. Has any court rendered a final judgment against this Business or individual or any other entity operated by this Business or individual for activity related to the conduct of a business?

☐ YES

☐ NO

If **YES**, please provide a description of the court judgment.
