

Office of Legal Affairs

33 Beaver St., 22nd Floor New York City, NY 10004 Tel: 212.676.1135, www.nyc.gov/tlc

APPLICATION FOR TAXICAB OWNER'S LICENSE

Closing Date: _____

	Closed by:	
	MEDALLION NUMB	BER(S):
	IMPORTANT NO	OTICE
d subject the person ay 31 except temporal polication must be ac	making same to criminal prosecut orary, non-renewable licenses, wh	y constitute grounds for denial of this application ion. Taxicab licenses are effective June 1 through ich expire one (1) year from date of issue. This the appropriate amount of transfer tax and a check transfer fee.
For Election of O] Individual (submi	nit original and copy of filing receifficers) t original and copy of hack license)	pt, Certificate of Incorporation, TLC Form y of filing receipt, Articles of Organization)
] Partnership (subm	it original and copy of Certificate	of Partnership)
A) To be completed	by Individual or Partnership Ap	pplicants
Address:	Social Security Number:	Tel:

B) To be completed by Co	rporate Applica	nts, LLC Applic	ants, etc.			
Name:		FIN:		Te	1.	
Mailing Address:						
Email Address:						
Corporate Officers or LLC Man Pres.:			of Officers):			
SSN:	Number of shares	/membership inte	rests:	Percentag	e ownership interest:	<u>-</u>
V.Pres.:	Home address:					
SSN:	Number of shares	/membership inte	rests:	_ Percentag	e ownership interest:	%
Secty.:SSN:	Home address: _	 				
SSN:	Number of shares	/membership inte	rests:	_ Percentag	e ownership interest:	%
Treas.:SSN:	Home address: _	/mambarshin into	roata.	Doroontog	a aumarchin interact:	0/-
5511.	_ Number of shares	membership inte	iesis	_ reiceiliag	e ownership interest.	90
Shareholders or LLC Members	:					
Name:	Home address:					
SSN:	Number of shares	/membership inte	rests:	_ Percentag	e ownership interest:	%
Name:SSN:	Home address:					
Name: SSN:	Home address:	/membership inte	recte:	Percentag	e ownership interest:	0/2
5514.	_ ivalliber of shares	memoership me	10363.	_ i ciccinag	e ownership interest.	/0
Affix Corporate Seal Here:	ffix Corporate Seal Here: Signature of Secretary or Managing Member					
C) PROOF OF IDENTI	<u>TY</u>					
Name		Date of Birth	Governmen Issued Phot		Social Security Card?	
			ID?			
	l					
-						

D) <u>CRIMINAL R</u>	D) CRIMINAL RECORD : Has any person named in "A" or "B" above ever been convicted of a crime?				
Yes No If "Yes" complete below and submit copy of disposition. If none, write "NONE".					
Name	Date of Conv	iction Court &	Location C	harge <u>Disp</u>	osition
E) VEHICLES T	O BE LICENSED	Submit bill of sal	e & registration for	r each vehicle)	
Year	Make	VIN	Meter Make	e & Plate #	Med #
			Serial #		
1. Were the above liste	ed vehicles included in the	ne purchase of the	medallion(s)? Yes	[] No []	
2. Were the above liste	ed meters included in the	purchase of the m	nedallion(s)? Yes [] No []	
3. Will the above listed vehicles be hacked up within seven (7) days of closing? Yes [] No []					
4. Will the above listed vehicles be operated by a management company? Yes [] No [] If "yes", provide name and address of company:					
Management Company Name and License Number:					
Management Company Address:					
F) <u>LIABILITY I</u>	NSURANCE INFO	RMATION (S	ubmit Form FH-1)		
	Med. #	N	Леd. #	Med. #	Med. #
Carrier: Address:					

Policy #:

Coverage: Effective period:

G) WORKERS COMPENSATION INFORMATION

Carrier:
Address:
Policy #:
Effective period:
(H) OTHER MEDALLION OWNERSHIP AND TLC LICENSES
Is any person named in "A" or "B" above presently an officer of a taxicab corporation or own an interest in any taxicab entity? Yes [] No []. If "Yes" complete information below (attach additional sheets if necessary).
Name of Individual Med. Numbers Corporate Name # of Shares or Interests % owned
Has any person named in "A" or "B" above ever possessed a taxicab driver's license? Yes [] No []. If "Yes" complete information below:
Name: License No.:
Name:License No.:
Name: License No.:
Has any such person's license ever been revoked? Yes [] No []. If "Yes" provide license number and date of license revocation.
License Number: Date of Revocation:
License Number: Date of Revocation:

SELLER INFORMATION

I) Information On The Shareholder/Member Selling St	ock/Interest In The Entity Owning The Medallion(s).
Seller #1's Name:	
Seller #1's Address:	
Seller #1's phone number:	
Seller #1's SSN:	
No. of shares sold by Seller #1:	
Percentage interest owned after the purchase by Seller #1:	
	Seller Signature
Seller #2's Name:	
Seller #2's Address:	
Seller #2's phone number:	
Seller #2's SSN:	
No. of shares sold by Seller #2:	
Percentage interest owned after the purchase by Seller #2:	
	Seller Signature
	oener organieure

J. PURCHASEI	R'S SOURCE OF FUND	<u>S</u> :		
		Purchase Price Vehicle(s) Transfer Tax Total Due	\$ \$	
	Bank Accounts: submit origina made within 6 months must be			st 6 months; all deposits of
			Tot	al \$
Gift: (Submit aff Donor's Name	idavit of donor / OS-3 with sup Address	pporting documentation; d	one statement regarding Relationship	gift tax) Amount
			Tot	al \$
3. Personal Loans:	(Attach statement from lender	stating terms of repaymen	t, date and amount.)	
Lender's Name	Address		Relationship	Amount
	A		Tot	al \$
4. Mortgage (s): (A	Attach commitment letter) Monthly payments	# of Months		Amount
			Т	otal \$
	nds (Sale of business, refinan ontract of sale, corporate resolu). Provide documentation in
				Total \$
			Total of lines, 1,2,3,	4.5 \$

BUYER VERIFICATIONS

INDIVIDUAL OR PARTNERSHIP	CORPORATE OR LLC
(All partners must sign)	(An authorized officer/manager must sign)
being duly sworn, depose(s) and say(s): That the partnership (he, she) has read the	being duly sworn, deposes and says: That he (she) is the
foregoing application and that the facts set forth herein are true and correct to	of, the corporation or LLC named in the
the best of the partnership's (his, her) knowledge	within application and is authorized
and belief; acknowledges receipt of a copy of	to make such application on behalf
the Owner's Rules and agrees to abide by the same.	of the corporation or LLC; that the
	facts set forth herein are true and
PURCHASER	correct to the best of his (her) knowledge and belief; acknowledges
I CHCIII ISBN	receipt of a copy of the Owner's Rules
	and agrees to abide by the same.
PURCHASER	
	Signature
	Digitature
Sworn to before me	Sworn to before me
thisday of20	thisday of20
NOTARY PUBLIC	NOTARY PUBLIC
Papers submitted by:	
	bmitting the application)
Broker, if any:	
	omitting the application)
Phone number of Broker or Applicant: ()(Phone number)	
,	

BUYER CERTIFICATION

MEDALLION NUMBER(S)			
DATE OF TRANSFER			
Under penalty of perjury	(Buyer)		
hereby certify(ies), avow(s) and acknowled	ge(s) that		
 Buyer has paid any and all tax impos Tax Law. 	sed on Buyer under Article 29-A of The New York State		
2. Buyer is responsible for payment of a referenced above under Article 29-A	any tax imposed or owing in respect of the Medallion(s) of The New York State Tax Law.		
3. Buyer is responsible for remittance o	of all monies collected from drivers for the \$.30 per trip		
Taxi Improvement Surcharge ("Surc	charge") for each trip made by the(se) taxicab(s) during:		
a. The previous collection quarter (medallions) if that payment has	(the full quarter before Buyer became the owner of the(se) not yet been remitted.		
b. The current collection quarter in	acluding the Surcharge for trips made during the current		
quarter and before Buyer becam	ne the owner of the(se) medallions.		
c. Each collection quarter thereafte			
Name of Buyer/Transferee	Name of Buyer/Transferee		
BY:	BY:		
BY: Signature	BY: Signature		
Date: Date:			
To be signed by: All individual buyers; A Partner if a partnership buyer; An authorized officer if a corporate buyer; An authorized member if an LLC buyer.			
An authorized member if an LLC buyer			

TO BE COMPLETED BY CORPORATE / LLC SELLER

CORPORATE RESOLUTION AUTHORIZING MEDALLION TRANSFER BY CORPORATE SELLER

Corporation at		`	<u> </u>		on the
day	of	on the, 20			
_					
Pursuant to a	a Notice of a Specia	l Meeting mailed	on		
o all of the stockho	lders of the Seller C	Corporation/LLC,	whose names and a	ddress are listed	below:
Nar	ne	Add	lress	No. of Shares% /Interest	
					2
•	on the date first me		the purpose of aut	horizing the sale	of
nedallion(s) and me	eter(s) owned by the	e corporation to			
			<u>_</u> .		
Are taxicabs are inc	luded in the sale? V	es [] No []			
The taxicals are me	raded in the saic. 1				
The Stockho	older/Interest Holder	rs listed below we	re present at the me	eeting held on the	above date:
Nar			lress		res%/ Interest
	Corporate/LLC sale				
	favor of the medalli				d transfer the
	eter(s) listed below				1:
	le duly executed by				invered to the
buyer fisted above a	nd that a copy of th	is resolution de el	nered into the recor	.u.	
Medallion(s)	Vehicle(s)	Year	Make	VIN	Meter Make
1/100011011(5)	(3)		1120120	, ,	Serial #
	L			l	
Sale duly executed l				delivered to the b	ouyer listed
above and that a cop	by of this resolution	be entered into th	e record.		
~~~~					
CORPORATE SE	AL				
			SECRETA	Tax7	

## TO BE COMPLETED BY ALL SELLERS – TLC LICENSE

(i.e., shareholders of selling corporation, individual sellers, partners of selling partnership, members of selling LLC)

Name:		TLC License No.:			
Name: Name:		TLC License No.:			
			TLC License No.	•	
			TLC License No.	:	
<u>TO</u>	BE COMPLET	ED BY ALL S	SELLERS - BIL	L OF SALE	
	ENTS, the undersign	ed, in consideration	on of \$		
sells, cransfers and delive	ers unto			the fo	ollowing:
Medallion(s)	Vehicle(s)	Year	Make	VIN	Meter Make & Serial #
Commission that he	orever, and does cove/she/it is the lawfule free from all encun	owner and owner	of record and has g	ood right and tit	
	Mortgagee			Amount	
have not been invol	defend same against lved in any accident se there are no unsati	that was not repor	rted to Seller's insur	rance carrier; Th	at to the best
		ER #1:	SEI	LLER #2:	
Print Name of Se	eller				
Signature of authorepresentative of					
Print name and t authorized repre Seller	itle of				

## TO BE COMPLETED BY ALL SELLERS – SELLER VERIFICATIONS

INDIVIDUAL OR PARTNERSHIP VERIFICATION	CORPORATE OR LLC VERIFICATION			
<u> </u>	<u> </u>			
STATE OF				
COUNTY OF	STATE OF			
	COUNTY OF			
On the day of, 20,				
before me personally appeared	On the day of, 20, before me personally appeared			
, being	before me personally appeared			
duly sworn depose(s) and say(s) that he/she executed the	being			
foregoing instrument and duly acknowledged that he/she executed same and was authorized to do so; and that the	duly sworn depose(s) and say(s) that he/she is the President and Secretary of the corporation or managing member of			
facts set forth herein are true and correct to the best of	the LLC described in the application; that he/she executed			
his/her knowledge and belief.	the foregoing instrument; and is authorized to execute the			
	foregoing instrument on behalf of the corporation or LLC;			
	and that the facts set forth herein are true and to the best of			
Seller	his/her knowledge and belief.			
Seller	Seller			
Notary Public	Notary Public			
Troug Tuble	Trotting I dolle			
	I			
TO BE COMPLETED AT CLOSING:				
TO BE SIGNED BY SELLER(S) IN PRES	SENCE OF CLOSING EXAMINER			

Seller(s) affirm(s) the aforementioned sale.

	SELLER #1:	SELLER #2:
Print Name of Seller		
Signature of authorized representative of Seller		
Print name and title of authorized representative of Seller		
Date		