



**OS 1 AUCTION
APPLICATION FOR TAXICAB OWNER'S LICENSE**

Closing Date: _____ Closed by: _____	Medallion Number(s): _____ BID Number: _____
FOR OFFICE USE ONLY	

IMPORTANT NOTICE

False statements made herein constitute perjury and may constitute grounds for denial of this application and subject the person making same to criminal prosecution. Taxicab licenses are renewed every two years. This application must be accompanied by a check or money order for the applicable license and medallion transfer fee.

TYPE OF APPLICANT: (Check One)

- Corporation (submit original and copy of filing receipt, Certificate of Incorporation, TLC Form for Election of Officers)
- Individual (submit original and copy of hack license)
- Limited Liability Company (submit original and copy of filing receipt, Articles of Organization)
- Partnership (submit original and copy of Certificate of Partnership)

To be completed by Individual or Partnership Applicants:

Name: _____
 Social Security Number: _____ Tel: _____
 Address: _____

Name: _____
 Social Security Number: _____ Tel: _____
 Address: _____

If partnership, provide name and mailing address of authorized person designated to receive correspondence.

Name: _____
 Address: _____



To be completed by Corporate Applicants, LLC Applicants, etc.:

Name: _____

EIN: _____ Tel: _____

Mailing Address:

Corporate Officers or LLC Managers (attach TLC Form for Election of Officers):

President: _____

Home address: _____

SSN: _____ No. of shares/membership interests: _____ Percentage ownership interest: _____ %

Vice President: _____

Home address: _____

SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %

Secretary: _____

Home address: _____

SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %

Treasury: _____

Home address: _____

SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %

Shareholders or LLC Members:

Name: _____

Home address: _____

SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %

Name: _____

Home address: _____

SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %

Name: _____

Home address: _____

SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %

Affix Corporate Seal Here:

Signature of Secretary or Managing Member



WORKERS COMPENSATION INFORMATION

Carrier: _____

Address: _____

Policy #: _____

Effective period: _____

OTHER 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*).

<u>Name of Individual</u>	<u>License Number</u>	<u>Corporate Name</u>	<u># of Shares or Interests</u>	<u>% owned</u>

Has any person named in "A" or "B" above ever possessed a TLC 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: _____

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PURCHASER'S SOURCE OF FUNDS:

Purchase Price \$ _____
Vehicle(s) \$ _____
Less First Deposit \$ _____
Less Second Deposit \$ _____
Total Due \$ _____

1. Personal Funds (Bank Accounts: submit original (& copies) Passbooks or Bank Statements for last 6 months; all deposits of \$10,000 or more made within 6 months must be explained by sworn statement)

Name of Bank	Account Number	Amount
		Total \$ _____

2. Gift: (Submit affidavit of donor / OS-3 with supporting documentation; done statement regarding gift tax)

Donor's Name	Address	Relationship	Amount
			Total \$ _____

3. Personal Loans: (Attach statement from lender stating terms of repayment, date and amount.)

Lender's Name	Address	Relationship	Amount
			Total \$ _____

4. Mortgage (s): (Attach commitment letter)

Lender	Monthly payments	# of Months	Amount
			Total \$ _____

5. Miscellaneous Funds (Sale of business, refinancing of medallions, stock, etc. not included above). Provide documentation in support thereof (contract of sale, corporate resolution) with source of funds.

			Total \$ _____

Total of lines 1,2,3,4 and 5 \$ _____
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BUYER VERIFICATIONS

INDIVIDUAL OR PARTNERSHIP

(All partners must sign)

_____,
being duly sworn, depose(s) and say(s):
That the partnership (he, she) has read the
foregoing application and that the facts
set forth herein are true and correct to
the best of the partnership's (his, her) knowledge
and belief; acknowledges receipt of a copy of
the Owner's Rules and agrees to abide by the same.

PURCHASER

PURCHASER

Sworn to before me
This _____ day of _____ 20_____

NOTARY PUBLIC

CORPORATE OR LLC

(An authorized officer/manager must sign)

_____,
being duly sworn, deposes and says:
That he (she) is the _____
of _____, the
corporation or LLC named in the
within application and is authorized
to make such application on behalf
of the corporation or LLC; that the
facts set forth herein are true and
correct to the best of his (her)
knowledge and belief; acknowledges
receipt of a copy of the Owner's Rules
and agrees to abide by the same.

Signature

Sworn to before me
This _____ day of _____ 20_____

NOTARY PUBLIC

Papers submitted by: _____
(Name of individual submitting the application)

Broker, if any: _____
(Name of Broker(s) submitting 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 acknowledge(s) that:

1. Buyer has paid any and all tax imposed on Buyer under Article 29-A of The New York State Tax Law.
2. Buyer is responsible for payment of any tax imposed or owing in respect of the Medallion(s) referenced above under Article 29-A of The New York State Tax Law.
3. Buyer is responsible for remittance of all fees collected from drivers for the \$.06 per trip driver health care fee for each trip made by these taxicabs during the current collection quarter, and each quarter thereafter. This includes fees for trips made during the current quarter before Buyer became the owner of the(se) Medallion(s).

Name of Buyer/Transferee

Name of Buyer/Transferee

BY: _____
Signature

BY: _____
Signature

Date: _____

To be signed by:
 All individual buyers; _____
 A Partnership if a partnership buyer; _____
 An authorized officer if a corporate buyer; _____
 An authorized member if an LLC buyer _____

