



NEW OR RENEWAL APPLICATION FOR A PARATRANSIT BASE LICENSE

Please email at: Businessunit@tlc.nyc.gov to schedule an appointment to submit your application and supporting documents. Completed application, required documentation and fees can be submitted in person at: 31-00 47th Avenue, 3rd Floor, Long Island City, NY 11101, between the hours of 8:00 am to 3:30 pm, Monday-Friday. Please visit our website for more information at: www.nyc.gov/tlc, or contact our Call Center at 718-391-5501.

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

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

License #: <input style="width: 100%;" type="text"/>
<small>(Please enter your current license #. If this application is for NEW base please leave blank)</small>

I. BACKGROUND INFORMATION ON PARATRANSIT BASE

(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 #: EIN #: or SSN#:

24-Hour Phone #:

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.

HOW WILL THE VEHICLES BE DISPATCHED:	
FCC Lic. #: <small>Or provide details of alternative form of communication</small>	<input style="width: 80%;" type="text"/>
NUMBER OF VEHICLES TO BE / ARE DISPATCHED: _____	

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. CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

WORKERS' COMPENSATION LAW

Paratransit bases are required to maintain Workers' Compensation Insurance Coverage. A Certificate must be submitted to the NYC Taxi and Limousine Commission.

You are therefore required to submit with your Paratransit base application a Workers' Compensation Certificate of Insurance issued by the New York State Insurance Fund or a Certificate of Exemption issued by State of New York Workers' Compensation Board.

You must submit the original Certificate. The certificate or exemption must be current, and it must be on the form issued by the State Insurance Fund or Workers' Compensation Board. The Certificate **MUST** name the "NYC Taxi and Limousine Commission" as the certificate holder. Finally, the name and address on the certificate **MUST** match **EXACTLY** with the name and address on your license application.

Please provide the following information with respect to your Workers' Compensation insurance:

Name of Insurer:

Policy number:

Effective Dates: From to-
Month Day Year Month Day Year

Name (print): _____

Signature: _____

Today's Date: _____

Title: _____

IV. 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

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.

V. AFFIRMATION TO OPERATE PARATRANSIT BASE STATION

PLEASE NOTE – ONE (1) OFFICER/PARTNER/OWNER MUST FILL OUT THIS AFFIRMATION ON BEHALF OF THE OWNER(S)

This must be – COMPLETED & SUBMITTED – with your application.

1. I have submitted this affirmation at the request of the New York City Taxi & Limousine Commission (TLC).

2. I am currently an officer/partner/owner for _____,
(Name of Base)and submit this affirmation in that capacity. This base is an entity that functions as a Paratransit Service Base as defined in Chapter 60 of the NYC Taxi and Limousine Commission’s Rules and Regulations.

3. A minimum of one (1) Paratransit vehicle will be affiliated with this company and will be either dispatched from or conveyed information by this facility.

4. I understand that no vehicles will be dispatched from said Base until a valid TLC license is issued.

5. All vehicles and drivers dispatched from said Base will be in conformance with all applicable laws of New York City, New York State and the NYC Taxi and Limousine Commission.

6. I recognize that the maintenance of the insurance coverage required by the rules of the TLC is a condition of this base's license and agree that the Base will maintain such coverage at all times.

7. I am aware that if granted, my use and retention of the Base License is contingent upon the Base’s full and consistent satisfaction of all the requirements of the NYC Taxi and Limousine Commission Rules and Regulations.

“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): _____

Signature: _____

Today’s Date: _____

Title: _____



NAME INQUIRY OR NAME RESERVATION REQUEST

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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 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

Requested by:

If this request is for a currently licensed entity please indicate license #:

Telephone #:

Email Address:

Website Address:

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

