



Legal Department
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New York, New York 10006
Tel: 212-676-1135

Matthew W. Daus, Commissioner/Chair

Revised
6/1/09

Closing Date:

Closed by:

MEDALLION NUMBER(S):

APPLICATION FOR TAXICAB OWNER'S LICENSE

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 effective June 1 through May 31 except temporary, non-renewable licenses, which expire one (1) year from date of issue. This application must be accompanied by a certified check for the appropriate amount of transfer tax and 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)

A) 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: _____

B) 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):

Pres.: _____ Home address: _____
SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %
V.Pres.: _____ Home address: _____
SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %
Secty.: _____ Home address: _____
SSN: _____ Number of shares/membership interests: _____ Percentage ownership interest: _____ %
Treas.: _____ 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

C) PROOF OF IDENTITY

Name	Date of Birth	Gov't issued photo ID?	Social Security Card?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Conviction	Court & Location	Charge	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E) VEHICLES TO BE LICENSED (Submit bill of sale & registration for each vehicle)

Year	Make	VIN	Meter Make & Serial #	Plate #	Med #

1. Were the above listed vehicles included in the purchase of the medallion(s)? Yes [] No []

2. Were the above listed meters included in the purchase of the medallion(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) LIABILITY INSURANCE INFORMATION (Submit Form FH-1)

	Med. #	Med. #	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 Stock/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

J. PURCHASER'S SOURCE OF FUNDS:

Purchase Price	\$ _____
Vehicle(s)	\$ _____
Transfer Tax	\$ _____
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; donee 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, 1,2,3,4,5 \$ _____

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)

TO BE COMPLETED BY CORPORATE / LLC SELLER

CORPORATE RESOLUTION AUTHORIZING MEDALLION TRANSFER BY CORPORATE SELLER

Minutes of a Special Meeting of the stockholders of _____
 (“Seller Corporation) held at the office of the Seller Corporation at _____ on the _____ day of _____, 20__.

Pursuant to a Notice of a Special Meeting mailed on _____ to all of the stockholders of the Seller Corporation, whose names and address are listed below:

Name	Address	No. of Shares/%

A meeting was held on the date first mentioned above for the purpose of authorizing the sale of medallion(s) and meter(s) owned by the corporation to _____.

Are taxicabs included in the sale? Yes [] No []

The stockholders listed below were present at the meeting held on the above date:

Name	Address	No. of Shares/%

and voted upon the corporate sale resolution. Two-thirds (2/3) of the shareholders entitled to vote on the matter voted in favor of the medallion transfer. RESOLVED, that the corporation sell and transfer the medallion(s) and meter(s) listed below to _____ and that a Bill of Sale duly executed by the President and Secretary be delivered to the buyer listed above and that a copy of this resolution be entered into the record.

Medallion(s)	Vehicle(s)	Year	Make	VIN	Meter Make & Serial #

Sale duly executed by the President and Secretary be delivered to the buyer listed above and that a copy of this resolution be entered into the record.

CORPORATE SEAL

SECRETARY

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.:

TO BE COMPLETED BY ALL SELLERS - BILL OF SALE

BY THESE PRESENTS, the undersigned, in consideration of \$ _____, sells, transfers and delivers unto _____ the following:

Medallion(s)	Vehicle(s)	Year	Make	VIN	Meter Make & Serial #

To have and hold forever, and does covenant and represent to the buyer and to the Taxi & Limousine Commission that he/she/it is the lawful owner and owner of record and has good right and title to sell same; that same are free from all encumbrances except for mortgages as listed below:

Mortgagee	Amount

That he/she/it will defend same against the lawful claims of all persons whomsoever; that said vehicles have not been involved in any accident that was not reported to Seller’s insurance carrier; That to the best of my/its knowledge there are no unsatisfied judgments against the Seller which have been filed within the City of New York.

	<u>SELLER #1:</u>	<u>SELLER #2:</u>
Print Name of Seller		
Signature of authorized representative of Seller		
Print name and title of authorized representative of Seller		

TO BE COMPLETED BY ALL SELLERS – SELLER VERIFICATIONS

<u>INDIVIDUAL OR PARTNERSHIP VERIFICATION</u>	<u>CORPORATE OR LLC VERIFICATION</u>
<p>STATE OF _____ COUNTY OF _____</p> <p>On the ___ day of _____, 20___, before me personally appeared _____, _____ , being duly sworn depose(s) and say(s) that he/she executed the foregoing instrument and duly acknowledged that he/she executed same and was authorized to do so; and that the facts set forth herein are true and correct to the best of his/her knowledge and belief.</p> <p>_____ Seller</p> <p>_____ Seller</p> <p>_____ Notary Public</p>	<p>STATE OF _____ COUNTY OF _____</p> <p>On the ___ day of _____, 20___, before me personally appeared _____, _____ being duly sworn depose(s) and say(s) that he/she is the President and Secretary of the corporation or managing member of the LLC described in the application; that he/she executed 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 his/her knowledge and belief.</p> <p>_____ Seller</p> <p>_____ Notary Public</p>

**TO BE COMPLETED AT CLOSING:
TO BE SIGNED BY SELLER(S) IN PRESENCE OF CLOSING EXAMINER**

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

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