



## APPLICATION TO OPERATE A NEW OR RENEWAL BLACK CAR OR LUXURY LIMOUSINE BASE STATION

Please email at: [Businessunit@tlc.nyc.gov](mailto: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 47<sup>th</sup> Avenue, 3<sup>rd</sup> 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](http://www.nyc.gov/tlc) or contact our Call Center at 718-391-5501.

Please check one (1):	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	License #: <input style="width: 90%;" type="text"/>
Black Car Base	<input type="checkbox"/>	<input type="checkbox"/>	(Please enter your current license #. If this application for NEW base please leave blank)
Or			
Luxury Limousine Base	<input type="checkbox"/>	<input type="checkbox"/>	

### I. BACKGROUND INFORMATION ON BASE STATION

(All fields in this section must be filled-out completely for your application to be processed)

Name:	<input style="width: 95%;" type="text"/>		
D/B/A:	<input style="width: 95%;" type="text"/>		
Address:	<input style="width: 95%;" type="text"/>		
City:	<input style="width: 90%;" type="text"/>	State: <input style="width: 10%;" type="text"/>	Zip Code: <input style="width: 15%;" type="text"/>
Email: (required)	<input style="width: 95%;" type="text"/>		
Website Address (required):	<input style="width: 95%;" type="text"/>		
Telephone #:	<input style="width: 30%;" type="text"/>	EIN #: <input type="checkbox"/>	or SSN#: <input type="checkbox"/> <input style="width: 20%;" type="text"/>
24-Hour Phone #:	<input style="width: 30%;" type="text"/>	<b>Proof of EIN / Social Security No. –</b> If a <u>corporation or partnership</u> , you must submit an IRS issued 145-C letter. If a <u>sole proprietor</u> , you must submit proof of social security number.	
FCC Lic. #: Or alternate form of communication	<input style="width: 30%;" type="text"/>	<b>Business Type (please check one)</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	

If a **Corporation**, please list # of shares Authorized: \_\_\_\_\_; Please list # of shares Issued/ Outstanding: \_\_\_\_\_

### II. LUXURY / BLACK CAR ADDRESS – This is the address from which you will dispatch vehicles.

Mailing Address Line 1:	<input style="width: 95%;" type="text"/>		
City:	<input style="width: 90%;" type="text"/>	State: <input style="width: 10%;" type="text"/>	Zip Code: <input style="width: 15%;" type="text"/>
Mailing Address Line 2 (if applicable):	<input style="width: 95%;" type="text"/>		
City:	<input style="width: 30%;" type="text"/>	State: <input style="width: 10%;" type="text"/>	Zip Code: <input style="width: 15%;" type="text"/>

**III. 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 #:

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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 #:

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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 #:

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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 #:

**IV. WORKERS' COMPENSATION LAW**

Proof of Membership in the New York Black Car Operators' Injury Compensation Fund, Inc. ("Fund") if the base owns LESS than fifty (50%) percent of the vehicles it dispatches.

**Or**

Proof of Workers Compensation Insurance if the base owns fifty (50%) percent or more of the vehicles it dispatches.

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

**Name Of Insurer:**

**Policy Number:**

**Effective Dates:**  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ *to*  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Month Day Year Month Day Year

***And/or***

***Please provide the following information with respect to your Bond insurance:***

**Name Of Insurer:**

**Policy Number:**

**Effective Dates:**  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ *to*  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Month Day Year Month Day Year

***Please completely fill it out and sign:***

**Name:**

**Title:**

**Signature:**

**Date:**

**V. DISPATCH SERVICE PROVIDER**

Will your base use a passenger-facing App to provide dispatches?  Yes  No  Unknown

What type of App will the proposed base use?  Proprietary  DSP  Both  None

For proprietary Apps -- What is the name of the base's App? (List all Apps owned/operated by the base.)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

For non- proprietary Apps fill in the Dispatch Service Provider Disclosure form at the end of this document.

**VI. AFFIRMATION TO OPERATE BLACK CAR 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") an entity that functions as a black car base as defined in Section 19-502(4) of the New York City Administrative Code.
3. There will be a minimum of ten (10) vehicles that will hold franchises or cooperative contracts with this base and are either dispatched from or conveyed information by its facility.
4. I hereby affirm that more than 90% of this base's business is currently on a payment basis other than direct cash payment by the passenger.
5. I further affirm that the vehicles affiliated with this base have personal injury insurance coverage in amounts no less than required by the rules of the TLC.
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 recognize that the TLC relies upon this affirmation in considering the company's application for a black car base and in such reliance is not applying licensing requirements applicable to other types of for-hire vehicle bases set forth in local law. I agree to promptly provide financial statements and other documents requested by the TLC.
8. I further agree to notify the TLC promptly if less than 90% of the base's business within any monthly period is on a payment basis other than direct cash payment by the passenger or if any vehicle affiliated with the base reduces its insurance coverage to an amount less than that required by the rules of the TLC.

"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: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**VII. AFFIRMATION TO OPERATE LUXURY LIMOUSINE 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") an entity that functions as a luxury limousine base as defined in Section 19-502(4) of the New York City Administrative Code.
3. There will be a minimum of ten (10) Luxury Limousines that are affiliated with this company and are either dispatched from or conveyed information by its facility.
4. I further certify that the vehicles affiliated with this base have personal injury insurance coverage in amounts no less than required by the rules of the TLC.
5. 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.
6. I recognize that the TLC relies upon this affirmation in considering the company's application for a luxury limousine base and in such reliance is not applying licensing requirements applicable to other types of for-hire vehicle bases set forth in local law. I agree to promptly provide financial statements and other documents requested by the TLC.

"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: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**VIII. 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: \_\_\_\_\_

# of Shares: \_\_\_\_\_

Base Name: \_\_\_\_\_

Base #: \_\_\_\_\_

**Have you ever:**

- A) been convicted of any crime anywhere? 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 three questions you must provide a signed statement (below or on a separate document) and give pertinent documentation giving all relevant details as an addendum to this application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. CRIMINAL COURT AFFIRMATION**

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.

**AFFIRMATION**

I am currently an officer/partner/owner for \_\_\_\_\_  
(Name of Base)

This affirmation is submitted in conjunction with the application of \_\_\_\_\_ for a TLC license to operate a  
(Base License #)

base within the City of New York under the name of \_\_\_\_\_  
(Name of Base)

Upon information and belief, no fines, levies or other funds are due and owing to the NYC Criminal Courts by

either me or (circle one) \_\_\_\_\_  
(Officers, Shareholders, Partners or Individual Owners)

In the event it is determined that funds are due and owing by either myself individually or (circle one)

\_\_\_\_\_, I promise I shall remit such funds to the Criminal Court within one  
(Officers, Shareholders, Partners or Individual Owners)

(1) week after demand for same and promptly thereafter submit written evidence of such satisfaction to the Commission. I understand and acknowledge that the license issued to me individually and/or that issued to the Base will be subject to suspension and/or revocation in the event any such funds are not paid as stated above.

“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: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



## NAME INQUIRY OR NAME RESERVATION REQUEST

Please email at: [Businessunit@tlc.nyc.gov](mailto: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 47<sup>th</sup> Avenue, 3<sup>rd</sup> 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](http://www.nyc.gov/tlc) or contact our Call Center at 718-391-5501.

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: \_\_\_\_\_



**LIST OF DISPATCH SERVICE PROVIDERS CONTRACTED TO BASE**

Please email at: [Businessunit@tlc.nyc.gov](mailto: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 47<sup>th</sup> Avenue, 3<sup>rd</sup> 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](http://www.nyc.gov/tlc) or contact our Call Center at 718-391-5501.

Under Chapter 77 of the TLC rules, an app that contracts with licensed bases can only dispatch vehicles affiliated with those bases and must obey all TLC rules governing them, including but not limited to dispatching only to licensed drivers and vehicles, charging rates in compliance with the rates that each base it is dispatching through has on file with the TLC, and disclosing all pertinent base, vehicle, and driver license numbers to passengers in a conspicuous manner. Apps that do not have their own base license, but have contracts with licensed bases, in effect dispatch or refer jobs on behalf of those bases. Use of these apps must not result in violation of TLC rules by bases, vehicles, or drivers.

If a contract is already in use you must provide a list of all services contracted to the base. A copy of the operation agreement between the base and all services listed will need to be filed with the business unit at TLC.

**Please list the Names and License numbers of all Contracted Dispatch Services:**

Dispatch Service Provider Name	<input type="text"/>
Dispatch Service Provider License #	<input type="text"/>
Effective date of Agreement	<input type="text"/>

  

Dispatch Service Provider Name	<input type="text"/>
Dispatch Service Provider License #	<input type="text"/>
Effective date of Agreement	<input type="text"/>

  

Dispatch Service Provider Name	<input type="text"/>
Dispatch Service Provider License #	<input type="text"/>
Effective date of Agreement	<input type="text"/>

  

Dispatch Service Provider Name	<input type="text"/>
Dispatch Service Provider License #	<input type="text"/>
Effective date of Agreement	<input type="text"/>

  

Dispatch Service Provider Name	<input type="text"/>
Dispatch Service Provider License #	<input type="text"/>
Effective date of Agreement	<input type="text"/>

**NOTE:** This page may be photocopied if more space is needed for the information requested.

**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_