



Aloysee Heredia Jamoszuk,  
Commissioner

Office of Legal Affairs  
33 Beaver St., 22<sup>nd</sup> Floor  
New York, New York 10004

Closing Date: _____  Closed by: _____
---

**MEDALLION NUMBER(S):**

\_\_\_\_\_

**APPLICATION FOR TAXICAB OWNER’S LICENSE (Representative/Estate)**

**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)**

- Administrator
- Executor
- Other (please specify, such as guardian) \_\_\_\_\_

**APPLICANT MUST SUBMIT (Check as applicable)**

- Certified copy of death certificate
- Certified copy of will, if any.
- Letters Testamentary or Letters of Administration no more than 6 mos old (if a NY estate)
- Ancillary letters from no more than 6 mos old (if non-NY estate)
- Certified order appointing guardian or other legal representative if not an estate.

**TYPE OF INTEREST (Check One)**

- Corporation (submit 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 Applicants**

Name: _____ Social Security Number: _____ Tel: _____ Address: _____ Email address: _____  Name: _____ Social Security Number: _____ Tel: _____ Address: _____ Email address: _____
--

<b><u>B) PROOF OF IDENTITY</u></b>			
Name	Date of Birth	Gov't issued photo ID?	Social Security Card?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C) CRIMINAL RECORD:** Has any person named in "A" above ever been convicted of a crime?  
Yes \_\_\_ No \_\_\_ If "Yes" complete below and submit copy of disposition. If none, write "NONE".

<u>Name</u>	<u>Date of Conviction</u>	<u>Court &amp; Location</u>	<u>Charge</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**D) LIABILITY INSURANCE INFORMATION** (Submit Form FH-1)

	<u>Med. #</u>	<u>Med. #</u>	<u>Med. #</u>	<u>Med. #</u>
<b>Carrier:</b>	_____	_____	_____	_____
<b>Address:</b>	_____	_____	_____	_____
<b>Policy #:</b>	_____	_____	_____	_____
<b>Coverage:</b>	_____	_____	_____	_____
<b>Effective period:</b>	_____	_____	_____	_____

**E) WORKERS COMPENSATION INFORMATION**

**Carrier:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Effective period:** \_\_\_\_\_

**F) OTHER MEDALLION OWNERSHIP AND TLC LICENSES**

Is any person named in "A" 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>Med. Numbers</u>	<u>Corporate Name</u>	<u># of Shares or Interests</u>	<u>% owned</u>
_____	_____	_____	_____	_____

Has any person named in "A" 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: _____

**OWNER (DECEDENT) INFORMATION**

<b>I) Information On The Decedent owing a Medallion or Stock/Interest In The Entity Owning The Medallion(s).</b> Owner Name: _____ Address: _____ _____ Owner SSN: _____ Name of Entity if applicable _____ No. of shares/% interest held sold by Owner: _____
--

**REPRESENTATIVE VERIFICATION**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, being duly sworn, deposes and says that:

1. I have read the foregoing application and the facts set forth herein are true and correct to the best of my knowledge and belief.
2. I agree to abide by the provisions governing the owners of Taxicab Medallions set out in the Administrative Code of the City of New York and the provisions of Title 35 of the Rules of the City of New York.

\_\_\_\_\_  
Name

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name

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 monies collected from drivers for the \$.30 per trip Taxi Improvement Surcharge (“Surcharge”) for each trip made by the(se) taxicab(s) during:
  - a. The previous collection quarter (the full quarter before Buyer became the owner of the(se) medallions) if that payment has not yet been remitted.
  - b. The current collection quarter including the Surcharge for trips made during the current quarter and before Buyer became the owner of the(se) medallions.
  - c. Each collection quarter thereafter.

\_\_\_\_\_  
**Name of Buyer/Transferee**

\_\_\_\_\_  
**Name of Buyer/Transferee**

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

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