

Matthew W. Daus, Commissioner/Chair

**APPLICATION FOR A NEW LIVERY BASE LICENSE**

I am applying for a new livery base license

Base # Assigned B 0 \_ \_ \_ \_ (office use only)

**I. BACKGROUND INFORMATION ON BASE STATION**

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

**Business Name:** [Grid]

**D/B/A:** [Grid]

**Address:** [Grid]

**E-Mail:** [Grid]

**Base Phone #:** [Grid]      **EIN #**  or **SSN#:**  [Grid]

**24-Hour Phone #:** [Grid]

**FCC Lic. #:** [Grid]

Or indicate alternate method used to communicate with vehicles

**Business Type (Please check one)**

Sole Proprietorship       Partnership

Corporation

**Proof of EIN / Social Security No.** – If a corporation or partnership, you must submit an IRS issued CP-575 Notice or a 145-C letter. If a sole proprietor, you must submit proof of social security number.

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

**II. LISTING OF ALL OFFICERS, PARTNERS AND STOCKHOLDERS**

**Last Name:** [Grid]

**First Name:** [Grid]

**Address:** [Grid]

**Telephone:** [Grid]

**How Long at this Address** \_\_\_\_\_ **# of Shares** \_\_\_\_\_

**Date of Birth:** [M] [M] [D] [D] **1 9** [ ] [ ]      **EIN/SSN#:** [Grid]

**Title:** [Grid]



**III. QUESTIONNAIRE**

All officers that have 10% of the corporate shares (or more) need to fill out the questionnaire on page 4 of this application.

**IV. FINANCIAL DISCLOSURE**

One officer representing the owner(s) must fill out financial disclosure statements on pages 5 & 6 of this application.

**V. OFF-STREET PARKING INFORMATION** – The base must have half the number of spaces for every vehicle affiliated. (For example, if the base has 10 vehicles, you must have 5 spaces); maximum distance from Base Station to Off-Street Parking location is 1.5 miles. Please Note – The OSP must be in a location zoned for the operation of a parking facility. Please refer to the OSP requirements sheet for proper compliance.

LOCATION # 1

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

# of Spaces: \_\_\_\_\_ Mileage to Base: \_\_\_\_\_

LOCATION #2 (If Applicable)

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

# of Spaces: \_\_\_\_\_ Mileage to Base: \_\_\_\_\_

**VI. ATTACHMENTS**

Please see the TLC Livery Base New Application Checklist to determine all the necessary requirements that must be produced with the application. The checklist can be downloaded from our website, [www.nyc.gov/taxi](http://www.nyc.gov/taxi) or can be obtained from the TLC Long Island City office, 2<sup>nd</sup> floor.

**I affirm that all information submitted in this application is true and accurate:**

Name (printed): \_\_\_\_\_

Name (signature): \_\_\_\_\_

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

**Office Only:**

Initials of Person Assigned to Application: \_\_\_\_\_

Base # Assigned: \_\_\_\_\_ Date of Intake: \_\_\_\_\_

### III. QUESTIONNAIRE

PLEASE NOTE – ALL OFFICERS MUST FILL OUT THIS FORM.

If you have multiple officers, please photocopy this page and have each and every officer that has 10% (or more) shares fill it out in full.

All questionnaires must be submitted – COMPLETED – with your application.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Base Name: \_\_\_\_\_ Base #: B0\_\_\_\_ \_

**Have you ever:**

- A) been convicted of any crime anywhere?       YES       NO
- B) had any type of license suspended or revoked?       YES       NO
- C) applied for and/or received any TLC license type?       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.**

---

---

---

---

---

---

---

---

**IV. FINANCIAL DISCLOSURE – page 1 of 2**

This must be submitted – COMPLETED – with your application.

.....

**Business Name:**

**D/B/A:**

**Address:**

**Base Phone #:**  **EIN # or SSN#:**

**Lease Expires :**           **Lease Amount** \$

**NAME OF PARTNERS OR OFFICERS / STOCKHOLDERS AND % OWNED**

1. \_\_\_\_\_ %      2. \_\_\_\_\_ %

3. \_\_\_\_\_ %      4. \_\_\_\_\_ %

**BANK REFERENCES**

**Bank 1 Name:**

**Address:**

**Officer's Name:**

**Bank Phone #:**  **Account Type:**

**Bank 2 Name:**

**Address:**

**Officer's Name:**

**Bank Phone #:**  **Account Type:**

**(NON-BANK) BUSINESS CREDIT OR TRADE REFERENCES**

Name:

Address:

Amount Owed: \$

Phone #:

Fax #

Name:

Address:

Amount Owed: \$

Phone #:

Fax #

**BUSINESS & PERSONAL DEBTS & CONTINGENT LIABILITIES –**

Please list all loans, contracts, equipment & vehicle leases, mortgages and other obligations. Use additional sheets if necessary.

<u>Lender's Name &amp; Address</u>	<u>Account #</u>	<u>Start Date</u>	<u>Original Amount Owed</u>	<u>Current Amount Owed</u>	<u>Monthly Payment</u>

**Please list all business and personal judgments, legal proceedings (civil & criminal), garnishments, if any. Please provide details, and use additional sheets if necessary.**

---



---



---



---