



## NEW APPLICATION CHECKLIST FOR AN DISPATCH SERVICE PROVIDER (DSP) LICENSE

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.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Application</b> - You must answer <b>every</b> question. Incomplete applications will not be accepted. All required documents must be submitted with the application. Please refer to the application instructions for additional information.                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| <b>Application fee of \$1000 for a three (3) year license.</b> : Money Orders, Company Checks, or Credit Card (Master Card, Visa, AMEX and Discover). <u>Money Orders</u> and <u>Certified Checks</u> are payable to: <u>NYC Taxi &amp; Limousine Commission</u> . The Dispatcher Service Provider license fee may be pro-rated based upon the date the application is submitted and will be valid for a three (3) year term beginning on November 1 <sup>st</sup> of the year the application is approved.           | <input type="checkbox"/> |
| <b>Proof of Business Status</b> - If a <u>corporation</u> , you must produce a Certificate of Incorporation and a filing receipt. If a <u>partnership</u> , you must produce a Partnership Certificate. If a <u>sole proprietor</u> , you must produce a Business Certificate.                                                                                                                                                                                                                                        | <input type="checkbox"/> |
| <b>Proof of EIN / Social Security No.</b> – If a <u>corporation</u> or <u>partnership</u> , you must submit an IRS issued CP-575 Notice or a 145-C letter (provided as a replacement or verification letter to business). If a <u>sole proprietor</u> , you must submit an original social security card.                                                                                                                                                                                                             | <input type="checkbox"/> |
| <b>Zero outstanding judgments to the TLC, Department of Finance (DOF) Parking Violations and or to any other federal, state or local governmental jurisdiction.</b>                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |
| <b>Certificate of Workers Compensation Insurance</b> or an exemption from coverage letter is required.<br>(A) C-105.2 Certificate of Workers' Compensation Insurance;<br>(B) U-26.3 State Insurance Fund Certificate of Workers' Compensation Insurance;<br>(C) Request for WC/DB Exemption (Form CE-200) or approved exemption letter;<br>(D) Equivalent or successor forms used by the New York State Workers' Compensation Board; <b>or</b><br>(E) Other proof of insurance in a form acceptable to the Commission | <input type="checkbox"/> |
| <b>Professional Liability Insurance</b> – Applicant coverage should have at least one million (\$1,000,000) per occurrence.                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |
| <b>Business Automobile Liability Insurance</b> – this insurance is required if you are using or will be using privately owned vehicles in connection with any of the activities authorized under the Dispatch Service Provider rules.                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| <b>Please note:</b> Accord forms are not acceptable for proof of insurance coverage. All required insurances MUST submitted to: <i>NYC Taxi and Limousine Commission</i> . The Certificate or Insurance Declaration Page(s) <b>MUST</b> name the " <u>NYC Taxi and Limousine Commission</u> " as the certificate holder. Finally, the name and address on the certificate <b>MUST</b> match <b>EXACTLY</b> with the name and address on your application.                                                             |                          |
| <b>Proof of "Active" Status with the N.Y. Department of State.</b> You may verify your status via the NYS Department of State website at: <a href="http://www.dos.state.ny.us/">http://www.dos.state.ny.us/</a> . Please attach a copy of <u>the on screen</u> print-out.                                                                                                                                                                                                                                             | <input type="checkbox"/> |
| <b>Two forms of identification for each person listed on the application.</b> (One <u>must</u> be a government issued Identification)                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| <b>Performance Bond of \$5,000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> |
| <b>Sample of Agreement between Dispatch Service Provider and End User(Passenger).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| <b>Sample of Agreement between Dispatch Service Provider and Partner bases.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| <b>List of all Partner bases with an operational agreement to use the Dispatch Service</b><br>Updates to the List of Partner Bases must be filed with the TLC whenever a base is added or removed                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| <b>Affirmation</b> - Filled out and signed by an owner, partner or one officer representing the owner(s).                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> |



## APPLICATION FOR AN DISPATCH SERVICE PROVIDER LICENSE

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.

|                                                 |                          |             |                          |
|-------------------------------------------------|--------------------------|-------------|--------------------------|
| <b><u>Business Type (please check one):</u></b> |                          |             |                          |
| Individual/Sole Proprietorship                  | <input type="checkbox"/> | Corporation | <input type="checkbox"/> |
| Partnership                                     | <input type="checkbox"/> | LLC         | <input type="checkbox"/> |

**I. BACKGROUND INFORMATION ON BUSINESS -** (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:

Website Address:

Telephone #:

24 Hour Phone #:

EIN #:

or

SSN#:

**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 an original social security card.

License #:

**I. BACKGROUND INFORMATION ON BUSINESS** - continued

I \_\_\_\_\_, as Owner,  Partner,  or Officer   
(print name)

\_\_\_\_\_  
Name of Business (the applicant)

affirm and acknowledge on behalf of the business entity that:

- a. applicant will maintain at all times during the term of their license a current mailing address, email address and telephone number with the TLC;
- b. falsification of any statement made herein is a crime punishable by a fine, and/or imprisonment, and/or denial of the license, permit or authorization, or if granted, revocation of same;
- c. any fees paid with this application are not refundable and payment with the submission of this application does not guarantee the issuance of a TLC license, permit or authorization;
- d. a Dispatch Service Provider licensee must immediately notify the Commission in writing of any suspension or revocation of any license, permit or authorization granted, or any other person acting of his or her behalf by any agency of the City or State of New York, or the government of the United States;
- e. a Dispatch Service Provider licensee must ensure that the system(s) and hardware provided (if any) meets and complies with all TLC Rules and Requirements.

**APPLICATION AFFIRMATION**

"I hereby affirm and acknowledge, 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). If any of the information in this ppplication changes, the applicant must inform the NYC Taxi and Limousine Commission of those changes. I also understand that the applicant must comply with all relevant laws and rules if granted a license/permit/authorization to operate. 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/authorization." I also acknowledge and affirm that I am an owner, officer, partner of the business entity filing this application and that I am authorized and empowered to enter in to binding agreements on behalf of the business entity for the purposes of this application and all related business with TLC."

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

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

Date of Intake: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**II. LISTING OF ALL OWNERS, PARTNERS AND OFFICERS** – All individuals listed must answer the background questions in section III. - This page can be photocopied if needed.

Last Name:  First Name:

Address:

City:  State:  Zip Code:

Please check all that apply: Owner:  Partner:  Officer:  Title:  # of shares:

EIN/SSN#:  Phone #:

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Last Name:  First Name:

Address:

City:  State:  Zip Code:

Please check all that apply: Owner:  Partner:  Officer:  Title:  # of shares:

EIN/SSN#:  Phone #:

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Last Name:  First Name:

Address:

City:  State:  Zip Code:

Please check all that apply: Owner:  Partner:  Officer:  Title:  # of shares:

EIN/SSN#:  Phone #:

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Last Name:  First Name:

Address:

City:  State:  Zip Code:

Please check all that apply: Owner:  Partner:  Officer:  Title:  # of shares:

EIN/SSN#:  Phone #:

**III. BACKGROUND QUESTIONNAIRE** – required for the Business filing the application **AND** all individuals listed in Section II. - This page can be photocopied if needed.

Below are some background questions about criminal and/or civil charges. A conviction does not, by itself, mean you will not get a license/permit/authorization. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction will be considered. However, your application may be denied if you fail to disclose a conviction in response to the questions.

**Business or Individual Name:** \_\_\_\_\_

1. Has this Business or individual ever been licensed by the New York City Taxi and Limousine Commission?  YES  NO

If **YES**, provide the following information:

|                                                                              |  |
|------------------------------------------------------------------------------|--|
| a. name of the business or individual involved                               |  |
| b. business or home address associated with the license/permit/authorization |  |
| c. TLC license/permit/authorization number                                   |  |

2. Has this Business or individual ever had a TLC license/permit/authorization denied, suspended, or revoked?  YES  NO

If **YES**, provide the following information:

|                                                                              |  |
|------------------------------------------------------------------------------|--|
| a. name of the business or individual involved                               |  |
| b. business or home address associated with the license/permit/authorization |  |
| c. TLC license/permit/authorization number                                   |  |

3. Has this Business or individual ever been an owner, officer, or partner of an entity licensed by TLC?  YES  NO

If **YES**, provide the following information:

|                                                                              |  |
|------------------------------------------------------------------------------|--|
| a. name of the business or individual involved                               |  |
| b. business or home address associated with the license/permit/authorization |  |
| c. TLC license/permit/authorization number                                   |  |

If you answer **YES** for any of the following questions, please include the requested description and attach all relevant documents to this application. **NOTE: Description should include the date of conviction, the nature of the incident, persons involved, and the outcome. Please include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision.**

4. Has this Business or individual been found guilty of a crime or violation within the last five (5) years?  YES  NO  
If **YES**, please provide a description of the crime or violation.

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**III. BACKGROUND QUESTIONNAIRE** – required for the Business filing the application **AND** all individuals listed in Section II. - This page can be photocopied if needed.

5. Is there any TLC issued Notice of Violation, Notice of Hearing, Summons, Padlock Order, or other order now in effect and/or pending against this Business or individual or any other entity operated by this Business or individual?  YES  NO

If **YES**, please provide a description of the order, including all TLC imposed obligations to pay fines or restitution that have not been satisfied in full.

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6. Has any court rendered a final judgment against this Business or individual or any other entity operated by this Business or individual for activity related to the conduct of a business?  YES  NO

If **YES**, please provide a description of the court judgment.

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"I hereby affirm and acknowledge, 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). If any of the information in this application changes, the applicant must inform the NYC Taxi and Limousine Commission of those changes. I also understand that the applicant must comply with all relevant laws and rules if granted a license/permit/authorization to operate. 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/authorization." I also acknowledge and affirm that I am an owner, officer, partner of the business entity filing this application and that I am authorized and empowered to enter in to binding agreements on behalf of the business entity for the purposes of this application and all related business with TLC."

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

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

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

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

**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 \_\_\_\_\_

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Names Accepted      Yes \_\_\_\_\_      No \_\_\_\_\_

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Names Accepted      Yes \_\_\_\_\_      No \_\_\_\_\_

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**Please list the proposed Doing Business As (d/b/a) Names by order of preference:**

Names Accepted      Yes \_\_\_\_\_      No \_\_\_\_\_

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Names Accepted      Yes \_\_\_\_\_      No \_\_\_\_\_

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Names Accepted      Yes \_\_\_\_\_      No \_\_\_\_\_

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- Entity Type:**
- |                                          |                                               |                                                    |
|------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| Livery Base <input type="checkbox"/>     | Black Car <input type="checkbox"/>            | Luxury Limo <input type="checkbox"/>               |
| Commuter Van <input type="checkbox"/>    | Paratransit Services <input type="checkbox"/> | Taxi Meter <input type="checkbox"/>                |
| Broker or Agent <input type="checkbox"/> | E-hail App Provider <input type="checkbox"/>  | Dispatch Service Provider <input type="checkbox"/> |

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: \_\_\_\_\_

# Certificate By Insurance Company

The undersigned insurance company represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects, and that the described insurance is effective as of the date of this Certification.

Name of insurance company: \_\_\_\_\_

Address of the insurance company: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

Signature of authorized official of insurance company: \_\_\_\_\_

Signature

Name and title of authorized official: \_\_\_\_\_

Print name

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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



**DISPATCH SERVICE PROVIDER LIST OF ASSOCIATED BASES**

Please visit our website for more information at: [www.nyc.gov/tlc](http://www.nyc.gov/tlc), our office at 31-00 47<sup>th</sup> Avenue, 3<sup>rd</sup> Floor, Long Island City, NY 11101 or contact our Call Center at 718-391-5501.

If this service is already in use you must provide a list of all bases currently using the service. All bases listed will be required to file a copy of the operation agreement with the business unit at TLC.

**Please list the Names and License numbers of Associated bases:**

|                |                      |                                                  |
|----------------|----------------------|--------------------------------------------------|
| Base Name      | <input type="text"/> |                                                  |
| Base License # | <input type="text"/> | Effective date of Agreement <input type="text"/> |
| Base Name      | <input type="text"/> |                                                  |
| Base License # | <input type="text"/> | Effective date of Agreement <input type="text"/> |
| Base Name      | <input type="text"/> |                                                  |
| Base License # | <input type="text"/> | Effective date of Agreement <input type="text"/> |
| Base Name      | <input type="text"/> |                                                  |
| Base License # | <input type="text"/> | Effective date of Agreement <input type="text"/> |
| Base Name      | <input type="text"/> |                                                  |
| Base License # | <input type="text"/> | Effective date of Agreement <input type="text"/> |
| Base Name      | <input type="text"/> |                                                  |
| Base License # | <input type="text"/> | Effective date of Agreement <input type="text"/> |
| Base Name      | <input type="text"/> |                                                  |
| Base License # | <input type="text"/> | Effective date of Agreement <input type="text"/> |
| Base Name      | <input type="text"/> |                                                  |
| Base 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: \_\_\_\_\_