



# APPLICATION TO OPERATE A NEW OR RENEWAL LIVERY 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 all that apply:

License Type: New

Renewal

License #:

(Please enter your current license #. If this application for NEW base please leave blank)

## I. BACKGROUND INFORMATION ON BASE STATION

(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: (required)

Website Address (required):

Base Phone #:  EIN #:  or SSN#:

24-Hour Phone #:

**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.

FCC Lic. #:   
Or indicate alternate method used to communicate with vehicles

### Business Type (Please check one)

Sole Proprietorship  Partnership   
Corporation  LLC

If a **Corporation**, please list # of shares Authorized: \_\_\_\_\_

Please list # of shares Issued/ Outstanding: \_\_\_\_\_

## II. 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

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

# of Spaces: \_\_\_\_\_

Mileage to Base: \_\_\_\_\_

**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 #:**

**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 #:**

**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 #:**

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

Telephone #: \_\_\_\_\_

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.**

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

**V. WORKERS' COMPENSATION LAW**

You are required to maintain Workers' Compensation Insurance Coverage. A Certificate must be submitted to the NYC Taxi and Limousine Commission.

You are required to submit with your Livery base renewal application a Workers' Compensation Certificate of Insurance issued by the New York State Insurance Fund or a Certificate of Exemption issued by State of New York Workers' Compensation Board.

You must submit the original Certificate. The certificate or exemption must be current, and it must be on the form issued by the State Insurance Fund or Workers' Compensation Board. The Certificate **MUST** name the "NYC Taxi and limousine Commission" as the certificate holder. Finally, the name and address on the certificate **MUST** match **EXACTLY** with the name and address on your license application.

***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

Name:

Title:

Signature:

Date:   
month day year

**VI. 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.

**VII. AFFIRMATION TO OPERATE A LIVERY 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.

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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 Livery Base Station as defined in Section 19-502(4) of the New York City Administrative Code.
3. There will be a minimum of ten (10) a Livery Base Station vehicles 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 Livery Base Station 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.

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

Today's Date: \_\_\_\_\_

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

**VIII. AFFIRMATION OF STATEMENTS OF APPROVAL FROM CITY COUNCIL MEMBER (CM), COMMUNITY BOARD (CB) AND LOCAL POLICE PRECINCTS (PD)**

**Please Note: Your application will not be accepted without this form, the Original letters of no objection from City Council Member (CM), Community Board (CB) and Local Police Precinct (PD) OR copies of the letters requesting the "Letter of No Objection" along with the original signed certified mail receipts for the three (3) entities.**

I, \_\_\_\_\_ affirm:  
(print name)

That I am the (officer/owner of \_\_\_\_\_),  
(Base Name)

Officer/Owner of \_\_\_\_\_.  
(Base Number)

**That I make this affirmation based upon personal knowledge of the facts therein stated.**

**That said I submitted letters to the local City Council Member, Community Board and Local Police Precinct for the address of my base station and included in the mailing copies of page 1 & 2 of the application form and a copy of my formal lease agreement or contract for the Off-Street Parking (OSP) to the addresses below:**

**At:**

**CM # \_\_\_\_\_:** \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code)

**CB # \_\_\_\_\_:** \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code)

**PD # \_\_\_\_\_:** \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code)

" 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."

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(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 \_\_\_\_\_


**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"/>

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

#### FOR OFFICE USE ONLY

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

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