



Meera Joshi, Commissioner

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STOCK/LLC INTEREST TRANSFER FORM

Closing Date: _____
Closed By: _____

MEDALLION NUMBER(S):

IMPORTANT NOTICE

False statements made herein constitute perjury and may constitute grounds for denial of this stock transfer 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 form must be accompanied by a certified check for the appropriate amount of transfer tax and a check or money order for the applicable medallion transfer fee.

ENTITY INFORMATION

A) Information On The Corporation/LLC Owning The Medallion(s).

Corporation's Name: _____
Corporation's Address: _____
Corporation's phone number: _____
Corporation's EIN: _____

B) Shareholders/Members Of The Corporation/LLC BEFORE The Transfer.

Name: _____ Home address: _____
SSN: _____ Number of shares: _____ Percentage ownership interest: _____%
Name: _____ Home address: _____
SSN: _____ Number of shares: _____ Percentage ownership interest: _____%
Name: _____ Home address: _____
SSN: _____ Number of shares: _____ Percentage ownership interest: _____%

C) Shareholders/Members Of The Corporation/LLC AFTER The Transfer.

Name: _____ Home address: _____
SSN: _____ Number of shares: _____ Percentage ownership interest: _____%
Name: _____ Home address: _____
SSN: _____ Number of shares: _____ Percentage ownership interest: _____%
Name: _____ Home address: _____
SSN: _____ Number of shares: _____ Percentage ownership interest: _____%

D) Officers/Members Of The Corporation/LLC AFTER The Transfer.

1. Pres.: /Managing Member _____ Home address: _____
2. V.Pres.: _____ Home address: _____
3. Secty.: _____ Home address: _____
4. Treas.: _____ Home address: _____

Affix a copy of the Corporate Seal here: _____

Signature of Secretary

E) ELECTION OF OFFICERS

CORPORATION: _____

ADDRESS: _____

At a special meeting held on _____ at the above premises, shareholders of the above corporation nominated and duly elected by unanimous vote the following officers:

President: _____ **Hack license:** _____

Address: _____

Vice-Pres.: _____ **Hack license:** _____

Address: _____

Secretary: _____ **Hack license:** _____

Address: _____

Treasurer: _____ **Hack license:** _____

Address: _____

Secretary Signature

Affix corporation's seal here:

F) PROOF OF IDENTIFICATION.

Name	Date of Birth	Government Photo ID	Original Social Security Card
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

G) CRIMINAL RECORD of SHAREHOLDERS/MEMBERS Of The Corporation/LLC AFTER The Transfer.

Has any shareholder/member 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 & Location</u>	<u>Charge</u>	<u>Disposition</u>

H) OTHER MEDALLION OWNERSHIP AND TLC LICENSES

Is any shareholder presently an officer of a taxicab corporation or member of an LLC 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</u>	<u>% owned</u>

Has any shareholder or member ever possessed a taxicab driver's license? Yes [] No []. If "Yes" complete information below:

Name: _____ License No.: _____
 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: _____
 License Number: _____ Date of Revocation: _____
 License Number: _____ Date of Revocation: _____

I) MEDALLION(S) AND VEHICLES OWNED BY THE LLC/CORPORATION. (Submit FS-6 & registration for each vehicle)

Med. #	Year	Make	VIN	Plate #	Meter Make & Serial #

J) LIABILITY INSURANCE HELD BY THE LLC/CORPORATION (Submit Form FH-1)

	Med. #	Med. #	Med. #	Med. #
Carrier:				
Address:				
Policy #:				
Coverage:				
Effective period:				

K) WORKERS COMPENSATION INFORMATION (Buyer to submit “stamped-in” copy of proof of Workers Compensation).

	Med. #	Med. #	Med. #	Med. #
Carrier:				
Address:				
Policy #:				
Coverage:				
Effective period:				

BUYER INFORMATION

M) Information On The Shareholder(s)/Members Buying Stock/Interests In The Corporation/LLC Owning The Medallion(s).

Buyer #1's Name: _____

Buyer #1's Address: _____

Buyer #1's phone number: _____

Buyer #1's SSN: _____

No. of shares purchased by Buyer #1: _____

Percentage interest owned after the purchase by Buyer #1: _____

Buyer #2's Name: _____

Buyer #2's Address: _____

Buyer #2's phone number: _____

Buyer #2's SSN: _____

No. of shares purchased by Buyer #2: _____

Percentage interest owned after the purchase by Buyer #2: _____

SELLER INFORMATION

P) Information On The Shareholder/Member Selling Stock/Interest In The Entity Owning The Medallion(s).

Seller #1's Name: _____

Seller #1's Address: _____

Seller #1's phone number: _____

Seller #1's SSN: _____

No. of shares sold by Seller #1: _____

Percentage interest owned after the purchase by Seller #1: _____

Seller Signature

Seller #2's Name: _____

Seller #2's Address: _____

Seller #2's phone number: _____

Seller #2's SSN: _____

No. of shares sold by Seller #2: _____

Percentage interest owned after the purchase by Seller #2: _____

Seller Signature

TO BE SIGNED AT CLOSING:
BILL OF SALE - SELLER #1

_____, the owner of _____ shares of stock/interest
(print name of selling shareholder #1 or member) (number of shares/% interest owned)

of _____, for valuable consideration, receipt of which is hereby acknowledged,
(name of corporation/LLC)

does hereby sell and transfer _____ of his/her aforementioned shares/interest to
(number of shares/% interest sold)

(print name of buyer)

The above mentioned seller represents that he/she is the owner of record of such stock interests on the books of the entity and on the records of the TLC; that said stock is free from any liens or encumbrances except

(insert "NONE" if not applicable)

That the sale of same is not restricted by any restrictive covenant(s) or agreement and that he/she has good right to transfer same.

Signature of Seller #1

Date

BILL OF SALE - SELLER #2

_____, the owner of _____ shares of stock/interest
 (print name of selling shareholder #2 or member) (number of shares/% interest owned)

of _____, for valuable consideration, receipt of which is hereby acknowledged,
 (name of corporation/LLC)

does hereby sell and transfer _____ of his/her aforementioned shares/interest to
 (number of shares/% interest sold)

BUYER'S VERIFICATION	SELLER'S VERIFICATION
_____ being duly sworn, depose(s) and say(s): that he/she has read the foregoing application and that the facts set forth herein are true and correct to the best of the his/her knowledge and belief and that he/she is authorized to execute this instrument, and that he/she acknowledges receipt of a copy of the Owner's Rules and agrees to abide by same _____ Buyer Sworn to before me this ___ day of _____, 20__ _____ Notary Public My Commission expires:	_____ being duly sworn, depose(s) and say(s): that he/she has read the foregoing application and that the facts set forth herein are true and correct to the best of the his/her knowledge and belief and that he/she is authorized to execute this instrument, and that he/she acknowledges receipt of a copy of the Owner's Rules and agrees to abide by same _____ Seller Sworn to before me this ___ day of _____, 20__ _____ Notary Public My Commission expires:

(print name of buyer)

The above mentioned seller represents that he/she is the owner of record of such stock/interest on the books of the corporation/LLC and on the records of the TLC; that said stock/interest is free from any liens or encumbrances except

 (insert "NONE" if not applicable)

That the sale of same is not restricted by any restrictive covenant(s) or agreement and that he/she has good right to transfer same.

Signature of Seller #2

Date

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

BY: _____
Signature

Date: _____

Name of Buyer/Transferee

BY: _____
Signature

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

