



WESTCHESTER COUNTY TAXI & LIMOUSINE COMMISSION
 Department of Public Safety • 112 East Post Road • White Plains, New York 10601 • (914) 995-8400

MUNICIPAL-CAR VEHICLE PERMIT APPLICATION

tlc.westchestergov.com

OFFICE HOURS: 9AM – 1PM MONDAY thru FRIDAY

OFFICE USE ONLY		OFFICE USE ONLY		OFFICE USE ONLY	
APPLICATION FEE \$	VP	DEPOSIT #			
FINGERPRINT FEE \$	New - Renew - Transfer - Replacement	MO	CHK	CC	
LATE FEE \$	REC'D BY:	DATE:			

Vehicle Owner _____
 Give full name as it appears on the Title / Registration / Lease Agreement

Social Security/Federal ID _____ **Date of Birth** _____
Month Day Year

Owner Address _____

City/Town _____ **State** _____ **Zip Code** _____

Telephone Numbers: Business (____) _____ **Cell** (____) _____

VEHICLE INFORMATION

Plate # _____ **Type of Ownership: (choose one)**
VIN # _____ Sole Proprietorship
State _____ **Year/Make** _____ Partnership
Seating Capacity _____ Corporation
DMV Inspection No. _____ **Inspection Expiration Date** _____

BASE STATION OWNER AFFIDAVIT

A completed copy of this form must be kept on file at the Base Station for no less than one year.

Base Station Name: _____ **WCTLIC Permit #** _____

Base Station Owner / Representative Printed name: _____

Application Date: _____

Signed: _____
Base Station Owner / Representative Signature

State of New York
 County of _____)ss:

Sworn to before me this _____ day of _____, 200__.

Notary Public Signature

THIS FORM MUST BE NOTARIZED WITHIN 30 DAYS OF DATE OF FILING OF APPLICATION

VEHICLE OWNER AFFIDAVIT

Have you ever been convicted of a crime, or do you have any criminal charges currently pending? [] Yes [] No
(Including but not limited to: misdemeanors, felonies, and conditional discharges.) If you answered yes, you must provide date of conviction, police agency, charge, disposition, court date and any other pertinent information.

Have you ever had a vehicle registration or any license or permit to drive a motor vehicle suspended or revoked
(Including, but not limited to, suspensions for parking tickets or insurance lapses.) If you answered yes, you must, provide date, charge, disposition, and any other pertinent information. [] Yes [] No

I hereby affirm under penalty of perjury, that I have examined this application, and to the best of my knowledge and belief, all the information is true, correct and complete. I understand that if this application is missing or has incorrect information, my application will be rejected and that any fees I paid will not be refunded. If I want, I can re-apply with a corrected application including the required application fees. I also know that under the law, all license applications are public records and may be disclosed, including this application and all other documents and information filed with it; and I understand and agree that the Westchester County Taxi & Limousine Commission may verify any documents and information I provide, including verification of my social security number by the Social Security Administration, and Child Support case status if applicable in connection with this application. Applicant further understands that, pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein. **Notarized signature dated not more than 30 days from application submission.**

Application Date: _____ Signed: _____
Applicant's Signature

State of New York)
 County of _____)ss:
 Sworn to before me this _____ day of _____, 20____,

Notary Public Signature

INTERPRETER INFORMATION

Any individual who is assisting the applicant in completing this application MUST complete this section.

If you are helping the applicant complete this application, you are responsible for reading and interpreting the application, in its entirety, to the applicant. If you do not understand anything on the application, you are responsible for calling the Taxi & Limousine Commission at the phone number listed on the front of this application for clarification. The interpreter must sign and print name, as well as give address and daytime (9AM-5PM) phone number below. Illegible entries will not be accepted.

Name _____ **Home Address** _____
Print Name of Interpreter Street Apt/Unit #

Phone # _____ **City** _____ **State** _____ **Zip** _____

Dated: _____ **Signed:** _____
Interpreter's Signature

ITEM	<u>VEHICLE APPLICATION PROCEDURES</u> INSTRUCTIONS / DOCUMENTS REQUIRED
Complete Application Form	Applications will not be accepted if they are not completely filled out and notarized . <u>Do not</u> bring application to the WCTLC for notarization.
Vehicle Inspection	All vehicles must present a vehicle inspection receipt from either a NY State DMV vehicle inspection (or equivalent) or DOT inspection certificate (10 or more passenger capacity vehicle)
Proof of Ownership	Supply a photocopy of your current valid Department of Motor Vehicles Vehicle Registration. All unregistered vehicle applications must be accompanied by original "bill of sale" or vehicle "title."
Driver license	Supply a photocopy of your driver's license.
Insurance Forms	Supply a photocopy of your FH-1 and "Accord Certificate" of liability insurance WCTLC MUST BE NAMED AS "CERTIFICATE HOLDER."
Fees: Application	Muni Car annual fee \$150.00
\$90 Fingerprint Fee for First-Time Applicant Only	The CRIMINAL BACKGROUND CHECK FORM and THREE APPLICANT REFERENCE FORMS (found on web-site) must accompany application. All individuals owning 10% or more of vehicle (when registered under company/corporate name) must be fingerprinted. Web address tlc.westchestergov.com
Outstanding fees and/or fines	All outstanding fees and/or fines must be paid before submitting your application.

THIS FORM MUST BE COPIED AND PROPERLY FILLED IN FOR EACH AFFILIATED BASE

ALL APPLICATION FEES & MATERIALS ARE NON-REFUNDABLE, NON-RETURNABLE.

Supplying false information on this document may result in criminal charges being filed, additional fees, fines, and/or denial of your application.