dctc

DISTRICT of COLUMBIA
TAXICAB COMMISSION

2041 Martin Luther King Avenue, S.E.
Suite 204
Washington, DC 20020
www.dctaxi.dc.gov

Vincent C. Gray, Mayor

Ron M. Linton, Chairperson

Instructions for Filing an application to apply for a Taxi Meter Business License New, Renewal or Change of Information.

TAXI METER BUSINESS NEW, RENEWAL OR CHANGE OF INFORMATION APPLICATION

Application Type (Please check one)

New Application ☐ Renewal ☐ Change of Information ☐

Business Entity (Please check one)

Individual ☐ Partnership ☐ Corporation ☐

License #: ☐☐☐☐☐ **(Please enter license #. If application is for a new taximeter, license # will be assigned.)**

I. BACKGROUND INFORMATION ON TAXI METER BUSINESS

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

Business Name:

D/B/A:

Address:

E-Mail:

Phone No: EIN # ☐ or SSN#: ☐

Office Use Only

Initials of Person Assigned to Application:

Date Received: / /

II. LISTING OF ALL OWNERS OFFICERS, PARTNERS AND STOCKHOLDERS

Last Name:

First Name:

Address:

How Long at this Address _____ # of Shares _____

Date of Birth: **SSN#:** **~~Phone #:~~**

Title:

Last Name:

First Name:

Address:

How Long at this Address _____ # of Shares _____

Date of Birth: **SSN#:** **Phone #:**

Title:

Last Name:

First Name:

Address:

How Long at this Address _____ # of Shares _____

Date of Birth: **SSN#:** **~~Phone #:~~**

Title:

III. WORKSITE INFORMATION

LISTING OF ALL EMPLOYEES QUALIFIED TO INSTALL, REPAIR OR RECALIBRATE METERERS

Last Name:

First Name:

Certified to work on :

Last Name:

First Name:

Certified to work on :

Last Name:

First Name:

Certified to work on :

Last Name:

First Name:

Certified to work on :

Last Name:

First Name:

Certified to work on :

TAXI METER BUSINESS WORKSITE INFORMATION

How many vehicles can be repaired simultaneously at location? _____

What provisions have been made for meter inspection? _____

_____

Is a certified measured mile available in your area for test purposes? Yes ☐ No ☐

What is the location? _____

IV. PROPOSED CHANGE IN BUSINESS NAME – This is the new business you would like to use.

V. PROPOSED CHANGE IN D/B/A NAME – This is the new D/B/A name you would like to use.

VI. PROPOSED CHANGE IN ADDRESS – This is the address you would like to move your company to.

VII. PROPOSED CHANGE IN WORKSITE INFORMATION – (Including addition of individuals qualified to work on meters).

LISTING OF ADDITIONAL INDIVIDUALS QUALIFIED TO INSTALL, REPAIR OR RECALIBRATE METERS

Last Name:

First Name:

Certified to work on :

Last Name:

First Name:

Certified to work on :

TAXI METER BUSINESS INFORMATION (PROPOSED SITE)

How many vehicles can be repaired simultaneously at location: _____

What provisions have been made for meter inspection: _____

_____

_____

Is a certified measured mile available in your area for test purposes? **Yes** ☐ **No** ☐

What is the location? _____

VIII. 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 fill it out in full.

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

Name (print): _____

Signature:_____

Today's Date: _____

Title:_____

Number of Shares: _____

Character/History of Principals

Have you ever:

A) Been convicted of a crime anywhere, other than a traffic violation? **YES** ☐ **NO** ☐

B) Had any type of license suspended or revoked? ☐ **ES** ☐ **NO**

C) Applied for and/or received any type of license granted by DCTC? **YES** ☐ **NO** ☐

D) Compromised any liability with creditors, been insolvent? **YES** ☐ **NO** ☐

E) Been refused a bond or had an existing bond cancelled by the obligator? ☐ **ES** ☐ **NO**

IX. AFFIDAVIT

REQUIRED TO BE COMPLETED BY ONE OFFICER REPRESENTING THE OWNER(S) AND NOTARIZED.

DISTRICT OF COLUMBIA)

1 I have submitted this affidavit at the request of the District of Columbia Taxi Cab Commission (DCTC).

2 I am currently an officer of _____(Name of Company).
I further agree to notify the DCTC promptly if any information concerning the business to which the license is being issued is amended.

3 I have been advised that any false statement contained herein constitutes perjury, and could be the basis for the immediate suspension and / or revocation of the Taxi Meter license.

Sworn before me this _____ _____

Signature

day of , _____20__ _____

Print Name

(notary) _____ Title _____

Title