



TX-1 Rev. 3.19

Philadelphia Parking Authority
Taxicab & Limousine Division
Administration Department
2415 S. Swanson Street
Philadelphia, PA 19148
(215) 683-9895
tldadmin@philapark.org

DATE STAMP

Medallion Renewal

2020 Medallion Taxicab Certificate Annual Information Filing

- This Medallion Renewal Form must be completed along with all supporting documentation outlined within this form no later than May 1, 2019. Incomplete filings will not be accepted. This form may also be obtained on the TLD website www.philapark.org/tld.
- Failure to file this form by the due date and complete all requirements may result in the issuance of a penalty, including cancellation, and may subject the rights to an out of service designation.
- All outstanding TLD penalties, fees, assessments, and parking/traffic violations issued to the Certificate Holder and each shareholder, officer, director, member, or any other person with controlling interest and key employee of the Certificate Holder must be satisfied before the Certificate Holder's annual information filing can be completed.

SECTION 1: CERTIFICATE HOLDER INFORMATION CPC No. _____ - 01

Certificate Holder Name _____ Contact Person _____

1st Email Address _____ 1st Phone Number _____

2nd Email Address _____ 2nd Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Check here if Physical Address is the same as Mailing Address

Physical Address _____

City _____ State _____ Zip Code _____

SECTION 2: MEDALLION INFORMATION

Total Number of Medallions: _____

List Medallion Numbers Below (attach additional pages if more space is needed)

SECTION 3: ASSESSMENTS

You must initial each item below to confirm that you have read and understand the annual assessment process and requirements in this section including the eligibility requirements above.

_____ Assessment notices will be sent by email to all certificate holders and payment of the assessment will be due within 30 days after issuance of the notice. A medallion taxicab certificate holder shall pay an assessment amount that is equal to one percent (1%) of the annual gross receipts from the fares charged to passengers for taxicab service in Philadelphia, excluding tips and tolls.

_____ Assessment payments shall be made by each medallion taxicab certificate holder to the Authority on a quarterly basis of each fiscal year. The first quarter begins on July 1 and ends on September 30. The second quarter begins on October 1 and ends on December 31. The third quarter begins on January 1 and ends on March 31. The fourth quarter begins on April 1 and ends on June 30.

_____ All assessment payments will be considered late if not paid within 30 days of the issuance of the assessment notice. **Rights issued by the Authority may be subject to a penalty, including cancellation, and placed out of service at the time an assessment payment becomes late.**

SECTION 4: CERTIFICATE HOLDER OWNERSHIP INFORMATION

Attached to this application must be a **state-issued photo identification** for each shareholder, officer, member, director or anyone else with controlling interest in the certificate holder (*see* 52 Pa. Code § 1001.10 Definitions).

Attached to this application must be a **Criminal History Report**, obtained within 30 days of filing this application, for each shareholder, officer, member, director, key employee, or anyone else with controlling interest. The criminal history report shall be conducted on a local and national background check, which shall include a multistate or multijurisdictional criminal records locator or other similar commercial nationwide database with primary source validation and a review of the United States Department of Justice National Sex Offender Public Website.

SHAREHOLDER/OFFICER/MEMBER/DIRECTOR, etc. CONTACT INFORMATION This section must be filled out in its entirety for every person with controlling interest in the certificate holder. If a certain section is not applicable, simply mark N/A in the space provided. (**attach additional pages if more space is needed**).

PRESIDENT/MEMBER NAME: _____ **SHARES/INTEREST** _____ %

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

If managing Member check here If director check here
Holds a current TLD Driver Certificate? Yes () No () If yes please provide H - _____

VICE PRESIDENT/MEMBER NAME: _____ **SHARES/INTEREST** _____ %

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

If managing Member check here If director check here
Holds a current TLD Driver Certificate? Yes () No () If yes please provide H - _____

SECRETARY/MEMBER NAME: _____ **SHARES/INTEREST** _____ %

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

If managing Member check here If director check here
Holds a current TLD Driver Certificate? Yes () No () If yes please provide H- _____

TREASURER/MEMBER NAME: _____ **SHARES/INTEREST** _____ %

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

If managing Member check here If director check here
Holds a current TLD Driver Certificate? Yes () No () If yes please provide H- _____

SECTION 5: KEY EMPLOYEES (if applicable)

A Key Employee is any individual who is employed in a director or department head capacity and who is empowered to make discretionary decisions that affect the operations of the Certificate Holder
(attach additional pages if more space is needed). If this section is not applicable, simply mark N/A in the space provided.

Attached to this application must be a state-issued photo identification for each key employee.

Attached to this application must be a Criminal History Report, obtained within 30 days of filing this application, from each key employee. The criminal history report shall be conducted on a local and national background check, which shall include a multistate or multijurisdictional criminal records locator or other similar commercial nationwide database with primary source validation and a review of the United States Department of Justice National Sex Offender Public Website.

KEY EMPLOYEE NAME: _____

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

Key Employee holds a current TLD Driver Certificate? Yes () No () If yes please provide H - _____

KEY EMPLOYEE NAME: _____

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

Key Employee holds a current TLD Driver Certificate? Yes () No () If yes please provide H - _____

SECTION 6: AFFIRMATION & VERIFICATION

THIS RENEWAL FORM MUST BE SUBMITTED AND VERIFIED BY AN AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE HOLDER.

I, _____, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I understand that if there are any changes to the information contained herein after the filing of this form, I shall notify the Taxicab and Limousine Division’s (“TLD”) Administration Department in writing immediately.

I also verify that the persons listed in this application have not been subject to a conviction as defined in 52 Pa. Code § 1001.10 (relating to definitions) and that this company along with each person listed in this application are in compliance with 52 Pa. Code § 1011.7, that all assessments, fees, penalties and other payments due to the Authority are paid and as well as remaining current on the payment of parking violations and traffic violations unless under appeal.

I also verify that I understand that the TLD will not issue a TLD inspection sticker to a vehicle operating through a taxicab certificate if the review of the information required by this filing reveals information about the certificate holder that would have resulted in a denial of an initial application for the rights. Furthermore, I understand that the certificate holder is not relieved of any other penalty that may result from noncompliance nor the obligation to appear at inspections as directed by the TLD.

I further verify that I understand the requirements outlined in 53 Pa.C.S. § 5706, 52 Pa. Code §§ 1011.9, 1011.11 and 1021.2 regarding the use of certified taxicab drivers, including but not limited to, obtaining and reviewing criminal history and driver history reports.

Lastly, I affirm that I have read and understood all of the instructions and requirements for filing this application and completing the annual information filing process.

Signature Title/Position Date

FOR PPA USE ONLY

APPROVED **INCOMPLETE** **SUBMITTED FOR REVIEW**

CERTIFICATE INFORMATION: Attach all TLD penalties and parking & traffic violations that are outstanding.

Total Outstanding Parking/Traffic Violations \$ _____ \$ _____ Contested Enrolled in Fleet Program

Total Outstanding TLD Penalties \$ _____ Contested (Hearing Requested)

OWNERSHIP INFORMATION: Attach all TLD penalties and parking & traffic violations that are outstanding.

Pres./Member: Parking/Traffic Violations \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

V.P./Member: Parking/Traffic Violations \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

Sec./Member: Parking/Traffic Violations \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

Treas./Member: Parking/Traffic Violations \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

Key Employee: Parking/Traffic Violations \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

COMMENTS: _____

Reviewed By: _____ **Date:** _____