

**STATE OF NEW YORK
INDEPENDENT LIVERY DRIVER BENEFIT FUND**

APPLICATION FOR MEMBERSHIP

(1) Requested Effective Date of Membership-

(2) Applicant/Work Location-

Base Operator Name				Business Type*	
“Doing Business As” or Trade Name (if any)					
Address					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		E-Mail	

*Business type may be Sole Proprietor, Partnership, Corporation, Limited Liability Company, Limited Liability Partnership, or Other (Specify if Other).

(3) Additional Covered Bases- If under common ownership, multiple bases may be included on this application. (Use additional sheets if necessary)

Base Operator Name				Business Type	
“Doing Business As” or Trade Name (if any)					
Address					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		E-Mail	

Base Operator Name				Business Type	
“Doing Business As” or Trade Name (if any)					
Address					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		E-Mail	

Base Operator Name				Business Type	
“Doing Business As” or Trade Name (if any)					
Address					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		E-Mail	

(4) Mailing Address- (If the mailing address is not the work location in question (2), complete the following):

Address					
City		State		Zip Code	-
Telephone	()	Fax #	()	E-Mail	

(5) Responsible Persons- List the sole proprietor, or all corporate officers, directors, general partners, LLC/LLP members and managers and anyone with at least a 10% ownership interest. (Use additional sheets if necessary)

Name					Title	
Address						
City		State		Zip Code	-	
Telephone	()	FEIN/SSN		E-Mail		

Name					Title	
Address						
City		State		Zip Code	-	
Telephone	()	FEIN/SSN		E-Mail		

Name					Title	
Address						
City		State		Zip Code	-	
Telephone	()	FEIN/SSN		E-Mail		

Name					Title	
Address						
City		State		Zip Code	-	
Telephone	()	FEIN/SSN		E-Mail		

Name					Title	
Address						
City		State		Zip Code	-	
Telephone	()	FEIN/SSN		E-Mail		

(6) Responsible Person Affiliations – If any of the persons listed in Question (5) was/is a corporate officer, a partner, LLC/LLP member or has/had an ownership interest in any other business, list the name of the person and the business information. Include all information for the past 5 years. (Use additional sheets if necessary)

Name				Title	
Name of Business				Business Type	
Address of Business					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		% Owned	

Name				Title	
Name of Business				Business Type	
Address of Business					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		% Owned	

Name				Title	
Name of Business				Business Type	
Address of Business					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		% Owned	

Name				Title	
Name of Business				Business Type	
Address of Business					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		% Owned	

Name				Title	
Name of Business				Business Type	
Address of Business					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		% Owned	

(7) Signature-

I understand that the information provided on this application will be used to determine this livery base operator's contribution for membership in the Independent Livery Drivers Benefit Fund; that there are both criminal and civil penalties for violations of the rules for providing information to and operating as a member of the Fund; and that the livery base has an obligation to inform the Fund and the appropriate Taxi and Limousine Commission if there is a change in the number of affiliated liveries, a change in business ownership or structure, or if the criteria for being a member of the fund are no longer being followed by the base.

I am authorized to file this application on behalf of the livery base.

Date

Signature

Print Name

Title

**NEW YORK
INDEPENDENT LIVERY DRIVER BENEFIT FUND**

**AFFIRMATION OF LIVERY BASE OPERATOR IN SUPPORT
OF APPLICATION FOR MEMBERSHIP**

A livery base operator must be licensed by the Taxi & Limousine Commission in New York City, Nassau County or Westchester County to apply for membership. Anyone making a materially false statement on this affirmation is subject to criminal prosecution, civil fines up to \$10,000, revocation of their operator's license and any other sanctions applicable under the rules of the Taxi & Limousine Commission. The applicant hereby agrees to inform The NYS Workers' Compensation Board of any inaccuracies in this affirmation or if any of the criteria listed below no longer applies to any base operator included on the attached application.

Base Operator Name					
Address					
City		State		Zip Code	-
Telephone	()	FEIN/SSN		E-Mail	

I hereby affirm, that for the purpose of becoming a member of the New York State Independent Livery Driver Benefit Fund, **ALL** of the following conditions apply to the operation of each of the base operators listed on the application for membership (initial on each line to affirm that each of these criteria applies):

- (1) _____ The livery base is not classified by the governing Taxi and Limousine Commission as a black car base or luxury limousine base and is not a member of the New York Black Car Operators' Injury Compensation Fund, Inc.;
- (2) _____ All livery drivers dispatched by the livery base provide and determine their own clothing;
- (3) _____ All livery drivers dispatched by the livery base set their own hours and days of work;
- (4) _____ All livery drivers choose which dispatches or fares to accept, and no livery driver suffers any consequence by the livery base for failing to respond to its dispatch, except that every livery driver must comply with all requirements of his or her governing taxi and limousine commission regarding acceptance of dispatches, fares, trips, passengers and destinations and a livery base may temporarily deny access to its

dispatches for failing to respond to a dispatch in violation of local and state laws and governing taxi and limousine commission rules and regulations regarding refusing dispatches;

(5) _____ All livery drivers may affiliate with one or more other livery bases, except if prohibited by rules or regulations of the governing taxi and limousine commission;

(6) _____ Either the livery driver or livery base may terminate their affiliation at any time, except that a livery base must terminate its relationship with the livery driver in accordance with any rules and regulations of the governing taxi and limousine commission;

(7) _____ The livery base is not, directly or indirectly, including through any director, shareholder, partner, member or officer, the owner or registrant of more than fifty (50) percent of the liveries dispatched by the livery base;

(8) _____ The livery base is not, directly or indirectly, including through any director, shareholder, partner, member or officer, paying or participating in paying for the purchase, maintenance, repair, insurance, licensing, or fuel, of more than fifty (50) percent of the liveries dispatched by the livery base;

(9) _____ No livery driver dispatched by the livery base receives an Internal Revenue Service form W-2 from such base, or is subject to the withholding of any federal income taxes by the livery base, except a livery base that is the owner or registrant of less than fifty (50) percent of the liveries dispatched by that livery base meets the criteria of paragraph (10) of this subdivision;

(10) _____ The livery base is the owner or registrant of less than fifty (50) percent of the liveries dispatched by that livery base and it does not issue an Internal Revenue Service form W-2 to a livery driver or livery drivers, or withholds any federal income taxes from a livery driver or livery drivers.

(11) _____ The livery base does not impose any fines or penalties or both on any livery drivers, except the livery base may impose fines or penalties or both on a livery driver for violating the rules and regulations of the governing taxi and limousine commission regarding the conduct of livery drivers while performing their duties

(12) _____ The livery base has no outstanding debt to the Workers' Compensation Board of the State of New York for violations of the Workers' Compensation Law (debt that is currently part of an up to date payoff schedule is not considered outstanding).

Signature

Date

Print Name

Title

By signing this affirmation, the applicant is attesting to the fact that the operating criteria listed here has been adopted by the base and distributed to each registrant and driver dispatched by the base in writing and in the language primarily spoken by the registrant/driver.