STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF PUBLIC TRANSPORTATION
REGULATORY AND COMPLIANCE DIVISION UNIT 7072
2800 BERLIN TURNPIKE
NEWINGTON, CT 06111

APPLICATION FOR TOTAL SALE AND TRANSFER TAXICAB AUTHORIZATION

DATE _____

APPLICATION NO._____

Please type or print. This application must be accompanied by a fee of **EIGHTY-EIGHT DOLLARS ($88.00)** in cash, check or money order payable to "Treasurer, State of Connecticut". Please do not mail cash. The application fee is non-refundable. If additional space is required for any item, please attach a separate sheet. Please ensure that all applicable sections are completed as failure to do so may result in delayed processing or a returned application. Please submit this information to the following address:

Connecticut Department of Transportation
Regulatory and Compliance Unit 7072
2800 Berlin Turnpike
Newington, CT 06111
(860) 594-2865

(Please complete the information below in its entirety.)

SECTION I (Completed by Seller)

In accordance with and under the provisions of Connecticut General Statues, Section 13b-96, the following hereby makes application for the approval of the sale of TAXICAB CERTIFICATE NUMBER _____ standing in the name of: _____
(Seller Company Name)

SELLER: _____

COMPANY NAME: _____

TRADE NAME (if applicable): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHYSICAL ADDRESS (if different): _____

PHONE NUMBER: _____
(Include area code)

DOT PERMIT: _____

Specify the motor vehicles authorized to operate in seller's certificate of authority.

Vehicle Year	Vehicle Make	Vehicle Type	Seating Capacity	Vehicle Registration		
				State	Number	Expiration Date

Does the seller have the appropriate insurance policies, limits of coverage and effective dates on above vehicles? ☐ Yes ☐ No (Please submit a copy of said information together with application.)

Has the seller had any motor vehicle accidents within the last ten (10) years while operating a motor vehicle? ☐ Yes ☐ No

If yes, explain. _____
_____
_____
_____

Have any of the partners, officers, or members of the seller ever had their operator's license revoked or suspended? ☐ Yes ☐ No

If yes, by what state, give reason, approximate date and length of suspension. _____
_____
_____

Has the seller (s) ever been convicted of any crime or offense other than motor vehicle violation in the past ten (10) years? ☐ Yes ☐ No

If yes, provide approximate dates and give details including any resulting police, court, or criminal process. (Attach separate sheet if more space is required.) **This applies to every owner, partner, or officer.**_____
_____
_____

Criminal Conviction History Report (based on fingerprints) is required for each individual listed in the application. (Required to be updated every two years) (Fingerprints are only valid if completed by the Department of State Police Located 111 Country Club Road, Middletown, CT.) (Any Local Police Department prints will not be accepted)

ALL FINGERPRINT CARDS NEED TO BE OBTAINED FROM THE REGULATORY AND COMPLIANCE UNIT AT THE DEPARTMENT OF TRANSPORTATION ONLY.

Is the seller a sole proprietor, a partnership, a corporation, or a limited liability company? _____. (If Corporation or limited liability company, please submit a copy of Articles of Incorporation or Articles of Organization together with this application.)

List the name (s) and residential address (es) of individual (s) seeking authority, including all partners (if partnership), principal officers (if corporation), members (if limited liability company)

NAME	TITLE	RESIDENTIAL ADDRESS

Would service be performed in connection with any other business? ☐ Yes ☐ No

If yes, what? _____
_____
_____

Is the seller represented by an attorney/representative, please give name, address, and telephone number._____
_____

Has the seller (s) had any experience in taxi service prior to this application or had any experience in the transportation of passengers for hire? ☐ Yes ☐ No

If yes, describe? _____
_____
_____

If the seller is not a resident of the State of Connecticut, state the name, address and phone of agent for service of legal process or notice.
_____
_____

(Please complete the information below in its entirety.)

SECTION II (Completed by Buyer)

BUYER: _____

COMPANY NAME: _____

TRADE NAME (if applicable): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHYSICAL ADDRESS (if different): _____

PHONE NUMBER: _____
(Include area code)

DOT PERMIT (if applicable):_____

Specify the motor vehicles authorized to operate in buyer's certificate of authority.

Vehicle Year	Vehicle Make	Vehicle Type	Seating Capacity	Vehicle Registration		
				State	Number	Expiration Date

Does the buyer have the appropriate insurance policies, limits of coverage and effective dates on above vehicles? ☐ Yes ☐ No (Please submit a copy of said information together with application.)

Has the buyer had any motor vehicle accidents within the last ten (10) years while operating a motor vehicle? ☐ Yes ☐ No

If yes, explain. _____
_____
_____
_____

Have any of the partners, officers, or members of the buyer ever had their operator's license revoked or suspended? ☐ Yes ☐ No

If yes, by what state, give reason, approximate date and length of suspension. _____
_____
_____

Has the buyer (s) ever been convicted of any crime or offense other than motor vehicle violation in the past ten (10) years? ☐ Yes ☐ No

If yes, provide approximate dates and give details including any resulting police, court, or criminal process. (Attach separate sheet if more space is required.) **This applies to every owner, partner, or officer. _____**
_____
_____

Criminal Conviction History Report (based on fingerprints) is required for each individual listed in the application. (Required to be updated every two years) (Fingerprints are only valid if completed by the Department of State Police Located 111 Country Club Road, Middletown, CT.) (Any Local Police Department prints will not be accepted)

ALL FINGERPRINT CARDS NEED TO BE OBTAINED FROM THE REGULATORY AND COMPLIANCE UNIT AT THE DEPARTMENT OF TRANSPORTATION ONLY.

Is the buyer a sole proprietor, a partnership, a corporation, or a limited liability company? _____. (If Corporation or limited liability company, please submit a copy of Articles of Incorporation or Articles of Organization together with this application.)

List the name (s) and residential address (es) of individual (s) seeking authority, including all partners (if partnership), principal officers (if corporation), members (if limited liability company)

NAME	TITLE	RESIDENTIAL ADDRESS

Would service be performed in connection with any other business? ☐ Yes ☐ No

If yes, what? _____
_____
_____

Is the buyer represented by an attorney/representative, please give name, address, and telephone number._____
_____

Has the buyer (s) had any experience in taxi service prior to this application or had any experience in the transportation of passengers for hire? ☐ Yes ☐ No

If yes, describe? _____
_____
_____

If the buyer is not a resident of the State of Connecticut, state the name, address and phone of agent for service of legal process or notice.
_____
_____

SECTION III

FINANCIAL CHECKLIST

1. REAL ESTATE – If the business will own real estate, please provide the purchase price, amount of down payment, number and amount of mortgage payments.

2. OFFICE SPACE – If the business will rent or lease an office, please provide monthly cost.

3. MOTOR VEHICLES – If the applicant will own motor vehicles, please provide the purchase price, amount of down payment, number and amount of payments. If vehicles will be rented or leased, please provide the number and amount of payments. For used vehicles, provide printout from NADA or Kelly Blue Book for market value.

4. EQUIPMENT – If the business will require any specialized equipment please provide an explanation of the type and cost of the equipment and the proposed method of payment.

5. INSURANCE – Please provide on insurance letterhead the estimated cost and coverage of liability and bodily injury insurance to operate the proposed vehicles. Also, the cost of workmen's compensation and any other policies which may be required. Include and explanation of how you intend to pay for the insurance.

6. PAYROLL – Please provide the estimated monthly payroll of the employees of the business.

7. PURCHASE PRICE – If you are buying an existing business, please provide the purchase price and proposed method of financing.

8. OTHER EXPENSES – Please provide the type and cost of any additional start-up expenses of which you are aware, and an explanation of how you intend to pay for them.

9. LOANS/NOTES PAYABLE – Provide the amount of principal, interest rate, number and amount of payments of any loans or notes made to the business.

10. CASH – Provide an explanation of all cash funds available to the proposed business. Attach a copy of the bank book, checking account statement, certificate of deposit, bank reconciliation, etc., showing name and balance including dispersed funds.

11. CASH ON HAND – Attach a notarized affidavit explaining the source of any cash not held in a bank.

12. OTHER FUNDS – Attach relevant documents and notarized statement explaining the source of any other funds.

13. OPERATING REVENUES – Please provide an estimate of the monthly operating revenues expected from the proposed business during the first six months. Include a statement which will show the calculation of the revenues.

14. Provide an estimate of gas, property taxes, repairs and maintenance on the vehicles for a six month period of time.

SECTION IV (Completed by Seller)

Please fill out the attached balance sheet to indicate the current position of the applicant(s).
The balance sheet must have been prepared within the last six months.

FISCAL ANALYSIS BALANCE SHEET

DATE: _____
APPLICATION NO _____

ASSETS

Cash	
Accounts Receivables	
Material & Supplies	
Motor Vehicles	
Real Estate	
Other Assets (describe below)	
TOTAL ASSETS	

LIABILITIES & CAPITAL

Accounts Payable	
Notes Payable	
Other Liabilities (describe below)	
TOTAL LIABILITIES	
Individual or Partner Capital Account	
Capital Stock	
Additional Paid-in Capital	
Retained Earnings	
TOTAL CAPITAL	
TOTAL LIABILITIES AND CAPITAL	

Please describe other assets and liabilities, if applicable_____
_____
_____

SECTION V (Completed by Buyer)

Please fill out the attached balance sheet to indicate the current position of the applicant(s).
The balance sheet must have been prepared within the last six months.

FISCAL ANALYSIS BALANCE SHEET

DATE: _____
APPLICATION NO _____

ASSETS

Cash	
Accounts Receivables	
Material & Supplies	
Motor Vehicles	
Real Estate	
Other Assets (describe below)	
TOTAL ASSETS	

LIABILITIES & CAPITAL

Accounts Payable	
Notes Payable	
Other Liabilities (describe below)	
TOTAL LIABILITIES	
Individual or Partner Capital Account	
Capital Stock	
Additional Paid-in Capital	
Retained Earnings	
TOTAL CAPITAL	
TOTAL LIABILITIES AND CAPITAL	

Please describe other assets and liabilities, if applicable_____
_____
_____

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DATE _____

APPLICATION NO._____

PERMIT NO._____

NOTICE OF SOCIAL SECURITY OR FEDERAL EMPLOYEE IDENTIFICATION

Pursuant to Connecticut General Statue 4a-79, applicants must file their applicable Social Security Identification Number or Federal Employee Identification Number with every application for a license from the State of Connecticut.

Please note that this information is forwarded annually to the Connecticut Department of Revenue Service. However, it is kept in a confidential file and is not offered as public information. Failure to file this information with an application may cause the application to be delayed and/or withdrawn as incomplete.

Please fill out the following information completely:

SELLER: _____

INDIVIDUAL SOCIAL SECURITY NUMBER: _____
OR
FEDERAL EMPLOYEE IDENTIFICATION NUMBER: _____

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DATE _____

APPLICATION NO._____

PERMIT NO._____

NOTICE OF SOCIAL SECURITY OR FEDERAL EMPLOYEE IDENTIFICATION

Pursuant to Connecticut General Statue 4a-79, applicants must file their applicable Social Security Identification Number or Federal Employee Identification Number with every application for a license from the State of Connecticut.

Please note that this information is forwarded annually to the Connecticut Department of Revenue Service. However, it is kept in a confidential file and is not offered as public information. Failure to file this information with an application may cause the application to be delayed and/or withdrawn as incomplete.

Please fill out the following information completely:

BUYER: _____

INDIVIDUAL SOCIAL SECURITY NUMBER: _____
OR
FEDERAL EMPLOYEE IDENTIFICATION NUMBER: _____

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TO BE EXECUTED BY SOLE PROPRIETOR, AUTHORIZED PARTNER, AUTHORIZED OFFICER OF CORPORATION, OR AUTHORIZED MEMBER OF LIMITED LIABILITY COMPANY

State of Connecticut

County of _____

I (We), the undersigned:

Seller(s)

_____

(Print – name) (Title) (Telephone)

_____

(Print – name) (Title) (Telephone)

Buyer(s)

_____

(Print – name) (Title) (Telephone)

_____

(Print – name) (Title) (Telephone)

Under oath, say that the foregoing application has been prepared by me, or under direction, that I have carefully examined the same, and I declare the same to be correct to the best of my knowledge, information, and belief under the penalties of perjury.

Subscribed and sworn to before me this _____ day of _____, _____.
(Day) (Month) (Year)

Sellers Signatures:

_____ _____ _____

Buyers Signatures:

_____ _____ _____

_____
Notary Public/Commissioner of Superior Court

APPLICATION CHECK SHEET

PLEASE ENSURE ALL THAT IS APPLICABLE IS COMPLETED IN THIS APPLICATION. FAILURE TO DO SO MAY RESULT IN DELAYED PROCESSING OR A RETURNED APPLICATION.

- ☐ MAKE SURE ALL NECESSARY SECTIONS OF THE APPLICATION ARE COMPLETED.
- ☐ APPLICATION FEE - $200.00 cash, check, or money order payable to "Treasurer, State of Connecticut".
- ☐ LATEST AVAILABLE FINANCIAL STATEMENT (DATED WITHIN ONE (1) MONTH OF THE DATE OF THE APPLICATION.
- ☐ CURRENT CONNECTICUT CRIMINAL CONVICTION HISTORY REPORT (based on fingerprints) ON ALL PERSONS, SOLE PROPRIETOR AND/OR PARTNERS OF PARTNERSHIP OR ANY OWNERS OF THE COMPANY (REQUIRED TO BE UPDATED EVERY TWO YEARS)
- ☐ LIST OF CORPORATE OFFICERS, LIMITED LIABILITY COMPANY MEMBERS.
- ☐ FINGERPRINT CARDS NEED TO BE OBTAINED FROM THE REGULATORY AND COMPLIANCE UNIT AT THE DEPARTMENT OF TRANSPORTATION AND THEN BROUGHT TO THE CONNECTICUT STATE POLICE ONLY (NO LOCAL POLICE DEPARTMENT PRINTS CAN BE ACCEPTED)
- ☐ CERTIFIED COPY OF CERTIFICATE OF INCORPORATION OR ARTICLES OF ORGANIZATION (ALSO OPERATING AGREEMENT, IF AVAILABLE FOR LLC)
- ☐ IF A TRADE NAME IS USED, A CERTIFIED COPY OF CERTIFICATE OF ADOPTION, AS FILED WITH THE CITY/TOWN CLERKS IN THE PRINCIPLE BUSINESS LOCATION(S).
- ☐ NAME OF ATTORNEY OR AUTHORIZED REPRESENTATIVE, IF ANY
- ☐ IF APPLICANT IS NOT A RESIDENT OF THE STATE OF CONNECTICUT, STATE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF AN AGENT FOR SERVICE OF LEGAL PROCESS
- ☐ SIGNATURES AND TELEPHONE NUMBERS.
- ☐ APPLICATION NOTARIZED
- ☐ COMPLETED FORM REQUESTING SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBERS.
- ☐ COMPLETED TARIF FORM (NOT REQUIRED FOR APPLICATION FOR AUTHORITY TO OPERATE LIVERY SERVICE UNDER CONTRACT WITH ANY FEDERAL, STATE, OR MUNICIPAL AGENCY OR A LOWER TIER CONTRACT THEREOF)
- ☐ COPY OF FEDERAL HIGHWAY ADMINISTRATION CERTIFICATE, FOR REGISTRATION OF INTERSTATE AUTHORITY (NOT REQUIRED FOR INTRASTATE LIVERY AUTHORITY).
- ☐ AUTHORIZATION LETTER FROM BROKERAGE (NOT REQUIRED FOR INTRASTATE LIVERY AUTHORITY)