

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



## **2025 LIMOUSINE CERTIFICATE ANNUAL INFORMATION FILING**

### **FILING GUIDELINES: Please read these instructions carefully. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

1. **All Limousine Certificate Renewal Application Forms (LM-1) must be received by the Taxicab and Limousine Division (“TLD”) no later than March 31, 2024.** Each Certificate Holder **MUST FILE ONE APPLICATION FOR EACH CPC TYPE.** Failure to file this form by the due date may result in the issuance of a **penalty and/or will subject the rights to an out of service designation.**
2. The following information must be provided in the following pages: all shareholders, officers, members, directors, key employees or anyone else with controlling interest, list of vehicles intended to be registered with the PPA to provide limousine service in Philadelphia for the 2025 fiscal year, and current insurance information.
3. If you have made changes to your current Tariff, you are required to submit a updated tariff outlining the certificate holder's schedule of rates, rules, regulations, etc. Certificate holders are required to comply with 53 Pa.C.S. § 5703 (relating to rates) and 52 Pa. Code Chapter 1063 (relating to tariffs). A sample tariff may be obtained for your convenience on the TLD's website at <https://philapark.org/wp-content/uploads/Sample-Limousine-Tariff.pdf>.
4. Attached to this application must be a state-issued photo ID and **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.
5. 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 must be satisfied before the CPC annual information filing can be completed.
6. If the Certificate Holder does not wish to register a vehicle for the upcoming fiscal year and instead would like to request to place the rights in voluntary suspension status, this application still must be filed along with adhering to all CPC Renewal requirements and filing of a Voluntary Suspension Application form (CPC-1) and pay the applicable fee. The CPC-1 Form must be filed along with this LM-1 form and can be found on the TLD website [www.philapark.org](http://www.philapark.org).

## **SECTION 1: CERTIFICATE HOLDER INFORMATION**

\_\_\_\_\_  
Certificate Holder Name

\_\_\_\_\_  
PPA CPC Number

\_\_\_\_\_  
PUC A-Number (if applicable)

\_\_\_\_\_  
Primary Company Telephone Number

\_\_\_\_\_  
Primary Company Email Address

\_\_\_\_\_  
Main Company Contact Person

\_\_\_\_\_  
Secondary Company Telephone Number

\_\_\_\_\_  
Secondary Company Email Address (if applicable)

\_\_\_\_\_  
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: ASSESSMENTS

**You must initial each item below to confirm that you have read and understand the annual assessment process.**

\_\_\_\_\_

Assessment notices will be sent by email to all certificate holders as required under 52 Pa. Code § 1051.4 (relating to annual assessments and renewal fees). The Director may permit certificate holders to pay an assessment in two equal installments, the first within 30 days after service of the notice of assessment as provided in section 53 Pa.C.S. § 5707.1 (a) and on December 15<sup>th</sup> of each year.

Check here if you are requesting to pay an assessment in two equal installments.

\_\_\_\_\_

The limousine assessment is per vehicle. Therefore, the total amount each certificate holder will be assessed and required to pay will be based upon the vehicles listed in Section 3 of this form. Additional vehicles registered with the TLD to provide limousine service in Philadelphia throughout the remainder of the fiscal year will be assessed accordingly.

\_\_\_\_\_

All assessment payments will be considered late if not paid by at the appointed time and date. **Rights issued by the Authority may be subject to a penalty, including cancellation of the rights and placed out of service at the time an assessment payment becomes late.**



**SECTION 4: OWNERSHIP INFORMATION** (This page may be photocopied & used as much as necessary)

1. INFORMATION MUST BE PROVIDED FOR EVERY SHAREHOLDER, OFFICER, MEMBER, DIRECTOR OR ANYONE ELSE WITH CONTROLLING INTEREST (*see* 52 Pa. Code § 1001.10 Definitions).
2. **ATTACHED TO THIS LM-1 FORM** MUST BE A CRIMINAL HISTORY REPORT ISSUED WITHIN 30 DAYS OF SUBMISSION, ALONG WITH A COPY OF A STATE-ISSUED PHOTO ID, FOR EVERY SHAREHOLDER, OFFICER, MEMBER, DIRECTOR OR ANYONE ELSE WITH CONTROLLING INTEREST.
3. EVERY SHAREHOLDER, OFFICER, MEMBER, DIRECTOR OR ANYONE ELSE WITH CONTROLLING INTEREST SHALL PAY ALL ASSESSMENTS, FEES, PENALTIES & OTHER PAYMENTS DUE TO THE TLD, ALONG WITH REMAINING CURRENT ON THE PAYMENT OF ALL PARKING AND TRAFFIC VIOLATIONS UNLESS UNDER APPEAL.

**PRESIDENT/MEMBER NAME:** \_\_\_\_\_ **PERCENTAGE OF OWNERSHIP** \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE & ZIP CODE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

If company is a LLC, check here if the above is the Managing Member

If this person is a Director, check here

Holds a current TLD Driver Certificate? Yes ( ) No ( )

If yes please provide H- \_\_\_\_\_

**VICE PRESIDENT/MEMBER NAME:** \_\_\_\_\_ **PERCENTAGE OF OWNERSHIP** \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE & ZIP CODE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

If company is a LLC, check here if the above is the Managing Member

If this person is a Director, check here

Holds a current TLD Driver Certificate? Yes ( ) No ( )

If yes please provide H- \_\_\_\_\_

**SECRETARY/MEMBER NAME:** \_\_\_\_\_ **PERCENTAGE OF OWNERSHIP** \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE & ZIP CODE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

If company is a LLC, check here if the above is the Managing Member

If this person is a Director, check here

Holds a current TLD Driver Certificate? Yes ( ) No ( )

If yes please provide H- \_\_\_\_\_

TREASURER/MEMBER NAME: \_\_\_\_\_ PERCENTAGE OF OWNERSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE & ZIP CODE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

If company is a LLC, check here if the above is the Managing Member

If this person is a Director, check here

Holds a current TLD Driver Certificate? Yes ( ) No ( )

If yes please provide H- \_\_\_\_\_

**SECTION 5: KEY EMPLOYEES** (This page may be photocopied & used as much as necessary)

**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.**

1. IF APPLICABLE, ALL KEY EMPLOYEE INFORMATION MUST BE PROVIDED.
2. **ATTACHED TO THIS LM-1 FORM** MUST BE A CRIMINAL HISTORY REPORT ISSUED WITHIN 30 DAYS OF SUBMISSION ALONG WITH A COPY OF A STATE-ISSUED PHOTO I.D. FOR EVERY KEY EMPLOYEE.
3. EVERY KEY EMPLOYEE SHALL PAY ALL ASSESSMENTS, FEES, PENALTIES & OTHER PAYMENTS DUE TO THE TLD ALONG WITH REMAINING CURRENT ON THE PAYMENT OF ALL PARKING AND TRAFFIC VIOLATIONS UNLESS UNDER APPEAL.

KEY EMPLOYEE NAME: \_\_\_\_\_ POSITION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE & ZIP CODE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Holds a current TLD Driver Certificate? Yes ( ) No ( )

If yes please provide H- \_\_\_\_\_

KEY EMPLOYEE NAME: \_\_\_\_\_ POSITION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE & ZIP CODE \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Holds a current TLD Driver Certificate? Yes ( ) No ( )

If yes please provide H- \_\_\_\_\_

**SECTION 6: AFFIRMATION & VERIFICATION**

**THIS RENEWAL FORM MUST BE SUBMITTED & VERIFIED BY AN AUTHORIZED PERSON FOR 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).

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).

I also verify that this Certificate Holder along with each person listed in this application are in compliance with 52 Pa. Code § 1051.6, that all assessments, fees, penalties and other payments due to the Authority are paid, as well as remaining current on the payment of parking violations and traffic violations, unless under appeal.

I also affirm that this Certificate Holder is in compliance with 53 Pa.C.S. § 5703 relating to rates and 52 Pa. Code Chapter 1063 (relating to tariffs) and is charging rates only as maintained in the previously filed and approved TLD tariff. Moreover, I further affirm that in the event the rates for the Certificate Holder are to change, I am required to submit a new tariff to the TLD in accordance with the aforementioned Rules and Regulations.

I also verify I that I understand that the TLD will not issue a limousine rights sticker to a vehicle operated through a limousine 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 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 §§ 1057.2 and 1051.8 regarding the use of certified limousine drivers, including but not limited to, obtaining and reviewing criminal history and driver history reports.

**SIGNATURE** \_\_\_\_\_ **TITLE/POSITION** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR PPA USE ONLY**

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

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

Total Outstanding Parking Tickets \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested  Enrolled in Fleet Program

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

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

**Pres./Member:**  Parking/Traffic Tickets \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested  **TLD Penalties** \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested

**V.P./Member:**  Parking/Traffic Tickets \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested  **TLD Penalties** \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested

**Sec./Member:**  Parking/Traffic Tickets \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested  **TLD Penalties** \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested

**Treas./Member:**  Parking/Traffic Tickets \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested  **TLD Penalties** \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested

**Key Employee:**  Parking/Traffic Tickets \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested  **TLD Penalties** \$ \_\_\_\_\_  \$ \_\_\_\_\_ Contested

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_