

Owner / Operator Taxi Cab License Application

If you are applying for a Taxi Cab Owner / Operator license for operation within the City of Ogdensburg, NY, please complete this form, return it to the City Clerk's Office with the \$75.00 fee per taxi cab, have your name notarized and attach copies of all pertinent insurance and registration information. If you will be a driver, also include a copy of your driver's license. Incomplete or vague applications will be returned. After the completed application is received by the City Clerk's office, the Police Department will review the application. The applicant can expect a minimum of a 24-hour turnaround.

NAME _____ ADDRESS _____

PHONE # _____ DATE OF BIRTH _____ AGE _____

WILL YOU ALSO BE THE DRIVER AND OPERATOR? YES _____ NO _____

DRIVER'S LICENSE ID# _____ EXPIRES _____

CLASS OF LICENSE _____ RESTRICTIONS _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ SEX _____

1. HAVE YOU EVER HAD OR BEEN TREATED FOR A CONVULSIVE DISORDER, EPILEPSY, FAINTING OR DIZZY SPELLS OR ANY CONDITION WHICH CAUSED UNCONSCIOUSNESS ____ YES ____ NO

2. HAVE YOU EVER BEEN TREATED FOR A HEART AILMENT ____ YES ____ NO

3. HAVE YOU EVER BEEN CONFINED TO AN INSTITUTION OR RECEIVED TREATMENT FOR ALCOHOLISM ____ YES ____ NO

4. HAVE YOU EVER BEEN CONFINED TO AN INSTITUTION OR RECEIVED TREATMENT FOR THE USE OF OR ADDICTION TO DRUGS OR NARCOTICS ____ YES ____ NO

5. HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY CRIME, OFFENSE, OR TRAFFIC INFRACTION (EXCEPT PARKING VIOLATIONS) OR FORFEITED BAIL IN ANY COURT IN THIS STATE OR ELSEWHERE ____ YES ____ NO

6. HAVE YOU EVER HAD A DRIVER'S LICENSE, PERMIT OR DRIVING PRIVILEGE TO OPERATE A MOTOR VEHICLE REFUSED, REVOKED OR SUSPENDED IN THIS STATE OR ELSEWHERE ____ YES ____ NO (Explain any YES answers on the reverse side)

LIST PLACES OF RESIDENCE FOR THE LAST FIVE YEARS: _____

Insurance Company and Policy Number _____

Agent: _____

Is your taxi radio-equipped? Yes _____ No _____ FCC License # _____

Number of vehicles to be licensed for your taxicab operation _____

Where will your taxicabs be dispatched from? _____

Is this your residence? Yes _____ No _____

Please list vehicles to be used:

Year	Make	Body Type	Color	NY registration #	Expiration date

Have all vehicles been inspected as required by NYS? Yes _____ No _____

Have you ever had your vehicle registration suspended or revoked by NYS Department of Motor Vehicles? Yes _____ No _____

State of New York
County of St. Lawrence
City of Ogdensburg

I, _____ do hereby certify that the information given on this application is true and correct. That I am the owner of the above listed vehicles and that registration for the above listed vehicles are not currently under suspension or revocation. That all vehicles listed above are fully equipped, registered and insured in accordance with the requirement of NYS Vehicle & Traffic Law. I have read the foregoing application and know the contents thereof and do declare, subject to penalties of perjury, that statements and answers made herein and including statement made in accompanying papers or documents have been examined by me and are true and correct to the best of my knowledge. By signing this document, I understand that I grant permission to the Ogdensburg Police Department to confirm insurance coverage with my carrier.

Signature of applicant _____

Sworn to me on this _____ day of _____, 20____.

Notary Public, State of New York

This application has been approved _____ disapproved _____ .

Signature of Police Chief

To the applicant - please be sure that you have included the appropriate fee, have your signature notarized and attach copies of all pertinent insurance and registration information. If you will be a driver, also include a copy of your driver's license. In addition to providing a copy of all insurance ID cards, you must report any and all changes to insurance coverage or carrier to the City Clerk's Office. The changes will be reviewed by the Ogdensburg Police Department.

CITY OF OGDENSBURG

Taxicab Driver's License Application

The undersigned does hereby make application for a City License to operate and drive, for business, a taxicab, within the City of Ogdensburg, NY. Applicant does hereby state that he/she is physically sound of mind and body, and does not have any physical or mental defect, disease or disability, which would render the applicant incapable of safe driving or operating a motor vehicle on the public streets or highways. Applicant does possess a valid New York State Driver's License. A non-refundable fee of \$50.00 is charged for each driver's license at time of application.

NAME _____ ADDRESS _____

PHONE # _____ DATE OF BIRTH _____ AGE _____

DRIVERS LICENSE ID# _____ EXPIRES _____

CLASS OF LICENSE _____ RESTRICTIONS _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ SEX _____

1. HAVE YOU EVER HAD OR BEEN TREATED FOR A CONVULSIVE DISORDER, EPILEPSY, FAINTING OR DIZZY SPELLS, OR ANY CONDITION WHICH CAUSED UNCONSCIOUSNESS
YES _____ NO _____

2. HAVE YOU EVER BEEN TREATED FOR A HEART AILMENT _____ YES _____ NO _____

3. HAVE YOU EVER BEEN CONFINED TO AN INSTITUTION OR RECEIVED TREATMENT FOR ALCOHOLISM _____ YES _____ NO _____

4. HAVE YOU EVER BEEN CONFINED TO AN INSTITUTION OR RECEIVED TREATMENT FOR THE USE OF OR ADDICTION TO DRUGS OR NARCOTICS _____ YES _____ NO _____

5. HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY CRIME, OFFENSE OR TRAFFIC INFRACTION (EXCEPT PARKING VIOLATIONS) OR FORFEITED BAIL, IN ANY COURT IN THIS STATE OR ELSEWHERE _____ YES _____ NO _____

6. HAVE YOU EVER HAD A DRIVERS LICENSE, PERMIT OR DRIVING PRIVILEGE TO OPERATE A MOTOR VEHICLE REFUSED, REVOKED OR SUSPENDED IN THIS STATE OR ELSEWHERE _____ YES _____ NO (Explain any YES answers on the reverse side)

CAN YOU READ AND WRITE THE ENGLISH LANGUAGE _____ YES _____ NO _____

LIST PLACES OF RESIDENCE FOR THE LAST FIVE YEARS: _____

LIST YOUR EMPLOYER'S NAME AND ADDRESS: (if self employed, put self)
FOR TAXICAB COMPANY ADDRESS & PHONE NUMBER _____

State of New York)
County of St. Lawrence) SS
City of Ogdensburg)

_____ being duly sworn, disposes and says that he/she read the foregoing application and knows the contents thereof, and declares that the statements and answers made in said application, (including statements made in accompanying papers or documents) have been examined by the applicant and are true and correct to the best of his/her knowledge and belief, subject to the penalties of perjury.

SIGNATURE OF APPLICANT _____ DATE _____

Subscribed and sworn to before me this ____ day of _____, 20____.

NOTARY PUBLIC _____

THIS APPLICATION IS _____ APPROVED _____ DISAPPROVED

SIGNATURE OF POLICE CHIEF _____

Produce affidavits of good character from two reputable citizens of the City of Ogdensburg who have known you personally and have observed your conduct for at least one year preceding the date of this application.

License shall be renewed July 1st each year. No license fee shall be charged to an owner who exclusively drives his own taxicab. Owners who drive their own taxicabs shall, however, be required to obtain a drivers license as provided herein except that same shall be issued without cost upon payment of the license fee of their vehicles.

EXPLAIN ANY "YES" ANSWERS TO QUESTIONS 1 THRU 6 IN THE FOLLOWING AREA.

This application must be returned to the City Clerk's Office with the \$50.00 non-refundable fee for processing.