



TOWN OF GREENBURGH

TOWN CLERK'S OFFICE

177 Hillside Avenue, Greenburgh, NY 10607

(914) 989-1500 ext: 6 | FAX (914) 993-1626

townclerk@greenburghny.com

To: All Holders of Town Of Greenburgh Taxicab License

Enclosed is your application for you Taxicab License, as well as instructions.

Please remember that your Taxicab License expires at the end of each year on December 31st. Therefore, it is necessary that you complete and return a new application, along with the **\$100 non- refundable** fee to the Town Clerk's Office prior to December 31st.

After submitting the application and payment to the Town Clerk's Office, if you were not fingerprinted for the previous year, you will need to be fingerprinted for next year's license.

If you have any questions, please do not hesitate to call our office at 914.989.1500, Ext 6.

Sincerely,

Lisa Maria Nero

Town Clerk



TOWN OF GREENBURGH

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INSTRUCTIONS FOR TAXICAB LICENSE APPLICATION

1. No individual may drive a Taxicab in the Town of Greenburgh until he/she has a Taxicab License issued and in hand by the Town Clerk's Office.
2. The license expires on December 31st of the year issued.
3. Applicant's signature must be notarized.
4. Return completed application, with proof of insurance liability coverage of at least \$25,000 per person and \$ 50,000 per accident and property damage coverage of \$10,000 per accident, a copy of the driver's license and the application non-refundable fee of **\$100, if paid prior to January 1st of the year. There is an additional non-refundable \$10 fee for every month thereafter the fee has not been paid for renewal of the license).** Payment should be made to the Town Clerk's Office at Town Hall, 177 Hillside Avenue, Greenburgh, NY 10607. The applicant will receive a receipt when the application is accepted by the Town Clerk's Office.
5. Each applicant must have fingerprints, please contact them at 1-877-472-6915 to make an appointment. The following non-refundable fees must be paid at that time: a money order/check for **\$85.75** which should be payable to L 1 Enrollment and given to the Fingerprinting Department. **The ORI # for Town of Greenburgh is NY0595300.**
6. The applicant must know the Taxi Company that he/she will be working for before the Taxicab License is issued. This information will appear on the license.
7. Each applicant must reapply each year with the Town Clerk's Office. However, he/she will only need to be fingerprinted every other year.
8. All Taxicab vehicles must be inspected **twice a year** by the Town of Greenburgh Inspection Department. The second inspection must be filed with the Town Clerk within 5 days.

P.S. *Please note that the insurance requirements were updated in 2008. The Town Board voted unanimously to pass the Local Law at their meeting of July 9, 2008. Each taxicab applicant has to attach proof of insurance with the application*

In addition, a resolution was passed on September 24, 2008 amending the Fee Schedule relative to Section §450 of the Town Code. The amended fee schedule went into effect as of September 25, 2008.

If any information that is on your license changes during the year (Taxi company you are working for, your name/address etc. you must come into the Town Clerk's office to advise us and be issued a replacement license.)

TOWN OF GREENBURGH
APPLICATION FOR TAXICAB LICENSE

OFFICE USE ONLY

Appl. Received: _____ Receipt #: _____ Amount Received: _____

License Approved On: _____ Reason Denied: _____

\$100.00 per vehicle Non-refundable application fee. False replies to any of the questions herein, under the law, constitutes perjury; detection of such falsity will result in refusal of license, or, if granted, in revocation of same. (Please attach proof of insurance with the application.)

PLEASE PRINT AND COMPLETE ALL INFORMATION

Vehicle Owner's Personal Information

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address) (City) (State) (Zip)

(P.O. Box Address, if applicable) (City) (State) (Zip)

(Home Tel. No.) (Cell No.) (E-mail)

Social Security No.: _____ Date of Birth: _____ Age: _____

Business Address

Business Name: _____ Tel. # _____

Address: _____
(Street Address) (City) (State) (Zip)

Are you the owner of the taxicab business? No ____ Yes ____ ***If no, you must attach a "Dispatch Agreement".***

New York Motorist ID# _____ Expiration Date _____

Have you been previously licensed to operate a taxicab? No ____ Yes ____ If yes, where? _____

Were your previous licenses ever revoked? No ____ Yes ____ or suspended? No ____ Yes ____

If yes, for what cause...

TOWN OF GREENBURGH
APPLICATION FOR TAXICAB LICENSE

Insurance Information

Provide the following information for all vehicles: (Please attach proof of Insurance)

Insurance Co.: _____ Policy # _____ Expires: _____
Type of Coverage: _____ Amounts: _____

Business Information

If a corporation: Date Incorporated _____ State Incorporated _____ No. of Officers in Corp. _____

Number of persons who will manage the business _____

For each officer of the Corporation, give the following information (attach additional sheets of papers if necessary):

Name: _____
First Middle Last

Address: _____
Street Address City State Zip

Date of Birth: _____ Social Security # _____
Month Day Year

Has any member of the corporation, partnership, or manager ever been convicted of a felony or crime involving violence, dishonesty, deceit, indecency, degeneracy, gambling, moral turpitude or the illegal use, sale, or possession of drugs? No _____ Yes _____

If yes, state facts below; if necessary, attach additional sheets of paper.

Name of Person	Date	Jurisdiction	Conviction	Sentence Imposed

TOWN OF GREENBURGH
APPLICATION FOR TAXICAB LICENSE

1. **Please note: Taxicab owners must be fingerprinted every 2 years. Please contact them at 1-877-472-6915 to make an appointment.** The applicant must present the receipt from the Town Clerk's Office when he/she goes for fingerprinting. The following non-refundable fees must be paid at that time: a **money order/check for \$85.75** in favor of L 1 Enrollment to the Fingerprinting Department. **The ORI # for Town of Greenburgh is NY0595300.**

I swear or affirm that all the foregoing answers to the foregoing questions and statements are true and correct to the best of my knowledge.

Applicant's Signature

STATE OF NEW YORK

COUNTY OF _____

_____ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver's license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge.

Sworn to before me this _____ day of _____, _____.

Signature of Notary Public or Commissioner of Deeds

TOWN OF GREENBURGH TAXICAB DRIVER/OWNER DISPATCH AGREEMENT

I, _____, an independent owner/operator of a taxicab, hereby state and affirm under penalties of
(Name)
perjury as follows:

- a) I am an independent contractor who has entered into a dispatch agreement with _____
as Dispatcher in order to operate a taxicab within the Town of Greenburgh.
- b) Under such dispatch agreement, _____ will provide taxi calls to me, and process and disperse
(Taxicab Co.)
funds for credit cards and house charges. I am to pay a fee to _____, for such dispatching in order
(Taxicab Co.)
to operate my taxicab under _____ license within the Town of Greenburgh.
(Taxicab Co.)
- c) I understand and affirm that I will not solicit any new or existing patrons for anyone other than _____
(Taxicab Co.)
in the Town of Greenburgh during the licensing period, and understand that my license to operate a taxicab within the Town of
Greenburgh is solely predicated under the _____ license.
(Taxicab Co.)
- d) I affirmatively state that my taxi will be painted _____ colors and lettered according to the Town
(Taxicab Co.)
of Greenburgh guidelines. In the event that the dispatch agreement is terminated, I will remove the lettering and cease to operate
within the Town of Greenburgh.
- e) All insurance premiums and policies for my taxi must be obtained and kept by me as owner of the vehicle, naming
_____ as an additional insured on the policy.
(Taxicab Co.)
- f) In the event of an accident or any other event causing personal injury or damage, I will supply a copy of my insurance and
_____ Insurance to the claimant.
(Taxicab Co.)
- g) I state that my vehicle will be kept in good and safe working condition and will operate in accordance with all applicable state, local and
town laws, rules and regulations, as well as conformity with the dispatch agreement.
- h) In the event that the dispatch agreement is terminated, my Town of Greenburgh license to operate and drive a taxicab shall become
null and void, and of no future force and effect. My licenses must be personally turned in to and delivered to the Town Clerk's office of
the Town of Greenburgh by me by the next business day after the dispatch agreement is terminated.

I have made the foregoing statements to induce the Town of Greenburgh to permit me to operate a taxicab within the Town of Greenburgh under
the license held by _____.
(Taxicab Co.)

Name of Owner/Operator (Print)

Signature

Sworn to before me

This _____ day of _____ 20 _____.

Notary Public

**TOWN OF GREENBURGH
TAXI INSPECTION**

Part I: (To Be Completed By Applicant)

Name _____ Phone _____

Address _____

V.I.N. # _____ Plate # _____ Color _____

Type _____ Mileage _____ Year _____ Make _____

Cab # _____ State Registration # _____ Seating Capacity _____

=====

Part II: Proof of New York State Inspection: Sticker # _____

(State Inspection Expiration Date) _____

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Part III: (To Be Completed By Town Inspector)

Non-Removable Taxi & Municipal markings On Car (the word "**Taxi**" MUST be part of the markings)

Left Side _____ Right Side _____ Trunk Lid _____

Wipers _____ Mirrors _____

Horn _____ Headlights _____

Tail Lights _____ Stop Lights _____

Signal Lights _____ Emergency Flashers _____

Glass Condition _____ Passenger Seatbelts _____

Cleanliness: Exterior _____ Interior _____

Damage: Exterior _____

Interior _____

**New York State Safety Inspection must be valid at the time of inspection by Town of Greenburgh Inspection Department. Additional Town of Greenburgh Inspection required six (6) months later and this application must be filed with the Town Clerk within 5 days.

Inspected By _____ Date _____