VILLAGE OF PORT CHESTER

Village Clerk
222 Grace Church Street, Port Chester, New York 10573
Phone (914) 939-5202 ● Fax (914) 305-2560
Clerk@PortChesterNY.gov ● www.portchesterny.gov

TAXI OPERATOR LICENSE APPLICATION

DATE RECEIVED:

Village Code: Chapter 295

☐ **New Application** ☐ **Renewal Application** ☐ **PC Taxi Operator License No. _____**

SECTION 1 - TAXI OPERATOR

APPLICANT NAME (FIRST M. LAST)			COUNTY TLC DRIVER'S PERMIT #
STREET ADDRESS		SUITE/ APT.	COUNTY TLC CAR DRIVER'S PERMIT EXPIRATION DATE
CITY	STATE	ZIP CODE	APPLICANT HOME TEL. NO
E-MAIL			APPLICANT MOBILE TEL NO:

SECTION 2 - PLEASE ANSWER THE FOLLOWING QUESTIONS:

1.	Are you the taxicab owner? If yes, skip to question #3. If no, continue to question #2.	☐ Yes ☐ No
2.	Are you the driver of a taxicab owned by someone else?	☐ Yes ☐ No
3.	Is the owner of the taxicab licensed by the Village of Port Chester?	☐ Yes ☐ No
4.	Is the owner of the taxicab a dispatch company licensed by the Village of Port Chester?	☐ Yes ☐ No

SECTION 3 - DISPATCHING COMPANY OF TAXI OPERATOR

COMPANY/ BUSINESS NAME			
MAILING ADDRESS		SUITE	DISPATCH COMPANY BUSINESS TELEPHONE NO.:
CITY: Port Chester	STATE: NY	ZIP CODE: 10573	DISPATCH COMPANY OWNERS MOBILE TELEPHONE NO.:
PHYSICAL ADDRESS OF DISPATCHING HEADQUARTERS:	COMPANY/ BUSINESS NAME E-MAIL:		

SECTION 4 - TAXICAB OWNER

OWNER/COMPANY/ BUSINESS NAME:			TAXI CAB NO.:
STREET ADDRESS:		SUITE	OWNER/COMPANY/ BUSINESS TELEPHONE NO.:
CITY:	STATE:	ZIP CODE:	OWNERS MOBILE TELEPHONE NO.:
E-MAIL:			

SECTION 5 - THE FOLLOWING ITEMS ARE TO BE SUBMITTED WITH THE COMPLETED APPLICATION:

Original valid driver's license **AND** Westchester County TLC Driver's Permit	☐ Yes ☐ No
Two passport-size photographs	☐ Yes ☐ No
Application fee of $25.00	☐ Yes ☐ No

All licenses will expire on December 31st of each year

I hereby certify that the application for Taxi Operator License and other statements contained herein are true.

APPLICANT SIGNATURE: **DATE:**

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