

TOWN OF SOUTHAMPTON

Main Office

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



OFFICE OF TOWN CLERK
SUNDY A. SCHERMEYER

Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

REQUIREMENTS FOR OPERATOR'S LICENSE:

TRANSPORTATION FOR HIRE

License Fee: \$100.00 (Cash, credit card, check or money order payable to the "Town of Southampton")

Renewal applications submitted after January 31st are subject to a mandatory \$25.00 late fee.

License Expiration: December 31st, Midnight

FINGERPRINT PROCESS

1. All new applicants and non-consecutive yearly renewals must be fingerprinted.
2. Fingerprinting instructions, specific to the Town of Southampton, will be provided upon submission of a completed application

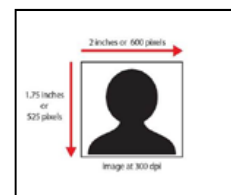
Note: Failure to have fingerprints done in a timely fashion may cause a delay in the issuance of the license.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **MEDICAL CERTIFICATION** (Page 3)

- **PHOTOGRAPHS**

Digital ID photograph (**gif; jpeg or pdf/with max 300 dpi/ 2 x 2 head and shoulders**) with no obstructions and taken no longer than sixty (60) days prior to submission of a completed application. (email to townclerk@southamptontownny.gov)



- **DRIVER'S LICENSE (Class A, C or E only)**

Copy of applicant's valid NYS Driver's license* clearly indicating the identification number and expiration date, together with authorization for the Town to conduct an examination of the applicant's driving record.

- * If the applicant's license is from another state, the applicant must submit an abstract from their local Department of Motor Vehicles stating that the license is equivalent to a Class E chauffeur's license as well as an abstract showing the applicant's driving history.

All fees are non-refundable and due when the application is submitted.

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APPLICATION FOR OPERATOR'S LICENSE:
TRANSPORTATION FOR HIRE

For Office Use Only

License #: _____

Date: _____

Initials: _____

Date: ____/____/____

All questions must be answered. Failure to properly complete the application in full may cause a delay in the issuance of your license. This application will expire in 90 days from the date submitted if it is not completed in full.

PERSONAL INFORMATION:

Name: _____
Last First Middle Initial

Any names previously used (alias): _____

Social Security Number: _____ Marital Status: _____

Telephone #: _____ Email: _____

Address (Physical): _____

Address (Mailing, if different from above): _____

Date of Birth: _____ Place of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

LICENSING INFORMATION:

Do you have an Out of State Driver's License? _____ YES _____ NO

If yes, please provide an abstract from your local DMV stating the license is equivalent to a Class E Chauffeur's license as well as an abstract showing your driving history.

NYS Driver's License I.D. #: _____ Class: _____

Authorization to Conduct Examination of Driving Record: _____ YES _____ NO

Has your Driver's License (of any class, issued by any state) been suspended or revoked within the past eighteen (18) months? _____ YES _____ NO

If Yes: Court: _____

Date: _____ Cause: _____

Have you ever been convicted of a felony, misdemeanor or violation of any municipal ordinance or local law (not including municipal traffic and/or parking violations): _____ **YES** _____ **NO**

If Yes, list and describe all: Date: _____ Court: _____

Ordinance violated: _____ Charge/Sentence of court: _____

Any previous occupational license held: _____ **YES** _____ **NO**

If Yes: When: _____ Type: _____ Where: _____

How long: _____ Suspended or revoked: _____ **YES** _____ **NO**

Date and reason for revocation or suspension: _____

Place of employment for past five (5) years (if different from above):

Name of Business/Employer: _____

Address: _____

TAXI BUSINESS/EMPLOYER INFORMATION:

Business Name: _____

Address: _____

Federal Identification Number: _____ Telephone #: _____

I have answered the foregoing questions to the best of my knowledge and belief and swear that said answers are true and accurate. Any changes with regard to information regarding name, residence, business location and/or any change in the telephone number of the person designated for service of legal process shall be reported in writing to the Town Clerk within seven (7) days of occurrence. All other changes shall be reported to the Town Clerk within thirty (30) days of occurrence.

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

Signature _____ **Date** _____

Sworn to before me this

_____ **day of** _____, 202__

Notary Public

Office Use Only:

License mailed: _____ License picked up: _____

Medical Certification Form for Taxi Operators

This is to certify that I have examined _____,
(Name of applicant)

the applicant for a Southampton Taxi Operator's License on _____
(Date of exam)

Based on my examination reported herein, it is my opinion that she or he:

☐ Is medically fit to safely operate a licensed taxi vehicle.

☐ Is not medically fit to safely operate a licensed taxi vehicle.

Physician's Name: _____

Physician ID #: _____

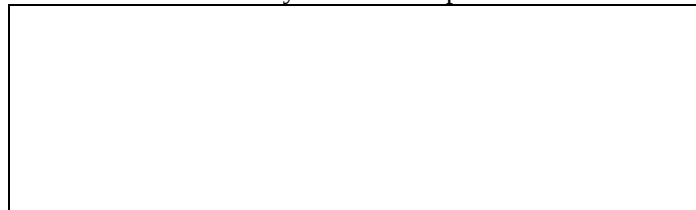
Physician's Signature: _____

Date: _____

Phone Number: _____

Mailing Address: _____

Physician's Stamp



THIS FORM MUST BE VALIDATED WITH AN OFFICIAL STAMP BY PHYSICIAN