

APPROVED BY CHIEF OF POLICE _____

CITY OF PLATTSBURGH, N.Y.
APPLICATION FOR TAXICAB LICENSE

DATE _____

TO THE CITY CLERK

Application is hereby made for a License permitting operation of Taxicabs on the Streets of the City of Plattsburgh, N.Y.

Company Name DBA _____

Name _____

Address _____

Business Telephone _____

Have you ever been arrested: (Yes or No) (Selection Required) _____

IF "Yes", what for and where were you convicted _____

Length of Residence in N.Y. State _____

Do you hold a valid NYS License as per section 501 of the Vehicle and Traffic Laws of the State of New York _____

Has either been suspended or revoked _____

If so, give date, why and where _____

This Application is made for (make of car) _____

Year of Car _____ Vehicle Identification Number _____

Seating Capacity _____ N.Y.S. License Number _____

As per Section 401 of the Vehicle and Traffic Law of the State of New York.

TAXI CAB OWNER'S DATE OF BIRTH _____

SIGNATURE OF APPLICANT

Date Received _____

Approved _____

Disapproved _____

Taxicab License No _____ for the period _____ to _____

Issued this _____ day of _____ 20 _____

City Clerk