Office Use Only

APPLICATION #_____
FILING FEE _____
VEHICLE LIC. # _____
TO_____
ISSUED_____
FEE PAID $ _____
CERTIFICATE # _____

OFFICE OF THE TOWN CLERK
One Washington Street Hempstead, NY 11550
Tel: (516) 812-3025 email: licensing@hempsteadny.gov

☐ FIRST TIME ☐ RENEWAL

TAXI CAB OWNER

Please indicate type of ownership

◯ Individual Owner	◯ Co-Partnership	◯ Corporation

Name of applicant: DBA		Phone #
Address:	Email:	
Exact location of depot or dispatching office:	Business hours	Business phone #

Corporation, Co-partnership or Individual using a trade name

If corporation, co-partnership or individual using a trade name, fill in blank spaces below

Corporation, or trade name: Phone #

Main office:

Incorporated ? YES ◯ NO ◯ Date: / / State:

	Name	Address
Partner or President		
Partner or Vice President		
Partner or Secretary		
Partner or Treasurer		

What connection has above named individual, co-partnership or corporation with ownership or operation of vehicles described herein ?

◯ Owner ◯ Holding company ◯ Lessee ◯ Operating company

Citizenship

To be filled out in relation to each individual or partner and each officer of corporation making this application

Name	Birth place	Age	Naturalized	Declared Intentions	Date	Court
			YES ◯ NO ◯	YES ◯ NO ◯		
			YES ◯ NO ◯	YES ◯ NO ◯		
			YES ◯ NO ◯	YES ◯ NO ◯		
			YES ◯ NO ◯	YES ◯ NO ◯		

Certificate of insurance must be attached showing coverage on all vehicles' public liability insurance Amount: Policy #: Company:	Property damage insurance Amount: Policy #: Company:

Are there any unpaid judgements outstanding against the applicant? **ANSWER** **YES** ○ **NO** ○
If yes, attach separate paper stating amount unpaid and nature of the transaction or act giving rise to said judgements. Include location of court and date on which judgement was entered.

List all violations of any traffic law, ordinance or regulation for which you or any member of firm or corporation have been arrested or convicted within the past 18 months.

Date	Violation	Name and Location of Court	Penalty imposed

Were you, or any member of firm or corporation, ever convicted of any crime or offense other than traffic infractions ?

Date	Violation	Name and Location of Court

NUMBER OF VEHICLES APPLICANT INTENDS TO OPERATE:

Describe below each vehicle for which application is made for a taxicab license.

Please supply additional info if needed

Car #	Make	Model	Seating Capacity	Vin # (*Last Four Only*)	N.Y. State Lic. plate #	Current taxi #	Office Use Only: New License #

I solemnly swear to the truth of the above statements

Sworn to before me this _____

Day of _____ *20*____

_____
NOTARY PUBLIC

_____
Signature of Applicant

_____
Title