



State of New York
County of Broome Government Offices

Broome County Government Security Division
Jason T. Garnar, County Executive · James D. Dadamio, Director

APPLICATION FOR TAXICAB VEHICLE LICENSE

Attached additional documentation as necessary

OWNER INFORMATION

OWNER ID# _____ DATE (mm/dd/yy): _____
Last Name: _____ First Name: _____ M.I.: _____
Address: _____
D.O.B. (mm/dd/yy): _____ Phone (home/business/cell): _____
D.B.A.: _____
Business Address: _____
Business Phone: _____ Fax: _____

VEHICLE INFORMATION

Make: _____ Model _____ Year: _____
Horsepower: _____ Seating Capacity: _____ Four Door: YES NO
Hybrid?: YES NO (*Hybrid vehicles must have drive trains powered by both an internal combustion engine and rechargeable battery to qualify*)
NYS Vehicle License #: _____ Registration #: _____
Vehicle Identification #: _____
Previously registered as a taxicab? YES NO If yes, where? _____
Has this vehicle's license to operate as a taxicab ever been revoked or suspended?
 YES NO If yes, please explain: _____

Expiration Date of current NY State inspection (mm/dd/yy): _____
Sticker Number: _____
Copy of New York State Vehicle Registration attached? YES NO

Certificate of Insurance pursuant to Sec 336-15 attached? YES NO

I hereby affirm that all information listed above is true to the best of my knowledge. I further understand that any misinformation given in this application, or failure to complete all sections, shall constitute sufficient cause for the denial of this application.

DATE(mm/dd/yy): _____ Signature of Applicant: _____

“PURSUANT TO THE PENAL LAW SEC. 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN”

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

Subscribed to and sworn to before me
this ____ day of _____, 20__

Notary public or Clerk of Broome County

336-13B Rev 1/2017

OFFICE USE ONLY

Copy of NY State vehicle registration attached (Full address of the registered owner must be on the DMV registration; P.O. box numbers are **not** acceptable.)

Certificate of Insurance attached (Broome County shall be listed as a certificate holder)

Fee paid Amount: _____ Cash Check Check # _____
(\$ 300.00 for non-hybrid vehicle, \$100.00 for hybrid vehicle)

Processed by _____ Date: (mm/dd/yy) _____

ATTACH ALL SUPPORTING DOCUMENTATION

Application Approved Denied Reason:

Broome County Taxi Lic. # _____

Signature of Director of Security: _____ Date: _____