



State of New York  
 County of Broome Government Offices

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

**APPLICATION TO REPLACE VEHICLE LICENSE**

I the undersigned do hereby make application for replacement of my County of Broome taxicab vehicle license, pursuant to the relevant provisions of the Local Law of the County of Broome and any amendments thereto. I attest that I am no longer in possession of my vehicle license, or that I am returning same in unacceptable condition, and that the information given on my original application has not changed:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Taxi permit # \_\_\_\_\_

Name & Address of Business0: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Date Original Taxi Vehicle License Granted (mm/dd/yy): \_\_\_\_\_

Broome County Taxicab License #: \_\_\_\_\_ NYS License # \_\_\_\_\_

VIN #: \_\_\_\_\_

Reason for replacement:  Lost  Destroyed  Stolen

Copy of Police Report Attached, if Stolen

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 replacement of a taxicab vehicle 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

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 Collected (\$ 25.00)  Cash  Check Check # \_\_\_\_\_

Processed By: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_ Duplicate Sent (date): \_\_\_\_\_

**ATTACH ALL SUPPORTING DOCUMENTATION**

Approved  Denied Reason: \_\_\_\_\_

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Signature of Dir. Of Security: \_\_\_\_\_ Date: \_\_\_\_\_