Town of Rotterdam Taxicab License Application
Original
February 1st through January 31st
Mail to: Diane M. Marco, Town Clerk
1100 Sunrise Blvd, Rotterdam, NY 12306
518-355-7575 Ext 352

$125 fee per company per year
$25 fee per driver per year

Driver Name: _____ Signature _____
Address: _____
_____
Phone Number: _____
Places of Residence for past five (5) years and number of years at each address
_____
Business Name: _____
Business Address: _____
Date of Birth: ____/____/_____ Sex: _____ NYSDL# _____
Height: ___ft. ___in. Weight: _____Lbs Hair Color: _____ Eye Color: _____
US Citizen? _____Yes _____No (If no, country of citizenship _____)
Have you ever been convicted of a misdemeanor or felony? _____No _____Yes
If Yes, please provide details, including name and location of the court as well as the date and penalties imposed: _____
_____
How many vehicles will you be operating? _____ Please provide the vehicle descriptions such as make, model, year, passenger seating capacity, NYS registration number, and a copy of the current NYS registration, the VIN number, the date of current New York State Inspection and if vehicle has ever been in an accident, date and nature of accident and description of damage to vehicle:
_____
_____
_____
_____
Location of any and all depots and terminals proposed to be used by the applicant:
_____
If applicable, provide specific details of all unpaid judgments against the applicant and the nature of the transaction or acts giving rise to said judgments and the name and location of the court and date which each judgment was entered: _____
_____
_____
Additional comments submitted as proof that the public convenience and necessity require the granting of the license:
_____

- Experience of Applicant
- Must provide copy of Certificate of Insurance
- Must provide copy of Inspection (Taxi Meter & Test Report)

10/2015

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518-355-7575 Ext 352
$25 fee per driver per year
(Driver's Licenses are Non-Transferable)

Driver Name: _____

Current Address: _____

_____

Phone Number: _____ Date of Birth: _____/____/_____

Names and Addresses of Employers during the last 10 years:

_____

_____

_____

NYSDL# _____ Are you a US Citizen? ___Yes ____No

Height: ___ft. ___in. Weight: _____Lbs Hair Color: _____ Eye Color: _____

Describe scars, marks, physical infirmities: _____

_____

Number and date of issuance of a chauffeur's license? _____

Has this license EVER been suspended or revoked? __No __Yes (Give cause, what court, what date, and period of suspension of applicable): _____

_____

List any violation of any traffic law, ordinance or regulation for which you have been arrested or convicted within the 18 months: _____

_____

Have you ever been convicted of a misdemeanor or felony? _____No _____Yes

If Yes, please provide details, including name and location of the court as well as the date and penalties imposed: _____

_____

_____

Taxicab Business Name: _____

Business Address: _____

Notary Section:

I have been provided with a copy of the Taxicab Code and I agree to abide by all provisions of the Town of Rotterdam code as it pertains to the license I have applied for by and through this application and that all statements in this application are true.

_____

_____, the applicant for this License and Certificate has appeared personally before me on this _____ day of _____ 20____ and has sworn that (s)he has executed this application and that all statements contained hereon are true.

State of New York,

County of _____

Notary Public _____

Commission Expires _____

Applicant is to Submit the following as per Section 257-5:

- 3 individual photos of himself taken within 30 days prior to the date of the application 1 ½ inches by 1 ½ inches in size, and such pictures must be a true likeness of the applicant and must show only neck, shoulders and uncovered head.
- Certificate from a physician, duly licensed to practice in the State of New York, certifying that, in his opinion, the applicant is not afflicted with any physical or mental disease or infirmity which might make him an unsafe or unsatisfactory driver.
- Present for inspection his current New York State chauffeur's license for inspection
- Fingerprinted
- Recommendations by three residents of Albany, Rensselaer, Saratoga, or Schenectady Counties, not related to the applicant, who have known the applicant for a period of one year or more and who will vouch for the applicant's sobriety, honesty and general good character.