

**Town of Rotterdam OWNER**  
**Taxicab License Application**  
**February 1<sup>st</sup> through January 31<sup>st</sup>**  
**Mail to: Diane M. Marco, Town Clerk**  
**1100 Sunrise Blvd, Rotterdam, NY 12306**  
**518-355-7575 Ext 352**  
**\$125.00 fee per company per year**

Owner 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: \_\_\_\_\_ NYS DL# \_\_\_\_\_

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)

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**OWNER RENEWAL**

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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:

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: \_\_\_\_\_

- Must provide current copy of Certificate of Insurance
- Must provide current copy of inspection for each vehicle(Taxi Meter & Test Report)

Signature \_\_\_\_\_