



Broome County Government Security Division

Debra A. Preston, County Executive . James D. Dadamio, Director

TAXI BUSINESS OWNER LICENSE APPLICATION

Attach additional documentation where necessary.

OWNER INFORMATION

Name of Business Owner: _____

Address: _____

Phone (home/cell/office): _____

D.O.B. (mm/dd/yy): _____ U.S. Citizen: YES NO - Green Card # _____

Has Owner previously been licensed to operate a taxi service? YES NO

State / Municipality where former license was issued: _____

Has license to operate a taxi service ever been suspended / revoked? YES NO

If yes, Explain: _____

List any previous experience in the business of owning, furnishing, leasing, operating, driving, repairing, or other enterprise in connection with providing transportation or related services for hire or charge (attach additional papers as necessary).

BUSINESS INFORMATION

Name of Business: _____

Address: _____ Phone: _____

Contact Person (if other than owner) _____

Address: _____

Phone: _____ Date of Birth (mm/dd/yy): _____

Vehicle Maintenance Facility Name & Address:

Dispatching Facility Name & Address:

I do hereby agree to comply with all regulations set forth by the County of Broome in relation to the scope of the license issued herein.

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

Applicant Signature: _____

Date: (mm/dd/yy)_____

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver’s 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

License Number: _____

Worker's compensation Insurance presented and verified: YES NO

Copy of established rates of fare attached: YES NO

Fee Paid (\$ 250.00) Cash Check Check # _____

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

ATTACH ALL SUPPORTING DOCUMENTATION

Director of Security: APPROVED DENIED Reason:

Signature Dir. Of Security: _____ Date: _____



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COMPLIANCE CERTIFICATION

Applicant certifies that s/he shall operate his/her business in compliance with all local, state, and Federal laws and regulations, including the zoning regulations of the municipality that the business is located in.

Should the applicant's business fall out of compliance with any local, state, or Federal law or regulation, as determined by the law/regulation enforcing entity responsible for such, the applicant shall immediately notify Broome County Security of such noncompliance.

Such noncompliance shall result in an immediate suspension of the entity's business license until the entity is found to be in compliance with said local, state, or Federal law or regulation.

Signature of Applicant

Name of Applicant [Please Print]

Business Entity Name [Please Print]