



State of New York  
County of Broome Government Offices

Broome County Government Security Division  
Jason T. Garnar, County Executive · Brian R. Norris, 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: \_\_\_\_\_

Business hours of operation:  24/7  Limited Availability: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Vehicle Maintenance Facility Name & Address:

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Dispatching Facility Name & Address:

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**Please attach the following documents:**

- A copy of New York State Workers' Compensation Insurance or Certificate of Attestation of Exemption.
- A copy of established rates of fare, which includes any and all fees charged to passengers *originating* and *ending* within all cities, towns, and villages in Broome County and long-distance rates. The name, full address and phone number of the company must be displayed on each page.
- Completed Compliance Certification
- A diagram or photographs of all vehicle markings pursuant to 336-19.

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**

Business License Number: \_\_\_\_\_

Copy of Charter and Code 336 distributed to business owner:  YES  NO

Worker's compensation Insurance presented and verified:  YES  NO

Copy of established rates of fare attached:  YES  NO

Attached Completed Compliance Certification:  YES  NO

Attached diagrams or photographs demonstrating vehicle markings:  YES  NO

Fee Paid (\$ 250.00)  Cash  Check  Credit Card

Processed by: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

**ATTACH ALL SUPPORTING DOCUMENTATION**

Director of Security:  APPROVED  DENIED Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

