



State of New York
County of Broome Government Offices

Broome County Government Security Division
Jason T. Garnar, County Executive · Brian R. Norris, Director

APPLICATION FOR RENEWAL OF TAXICAB DRIVER'S LICENSE

Pursuant to Section 336-9 of the Local Law of the County of Broome

"Application for License Renewal shall be made at least fifteen (15) days prior to its expiration on this form. Any application submitted less than 15 days prior to the expiration date shall be treated as a new application unless excused upon the presentation of reasons satisfactory to the Director (Section 336-9)".

I the undersigned do hereby make application for renewal of my license to drive a taxicab within the County of Broome, pursuant to the relevant provisions of the Local Law of the County of Broome and any amendments thereto:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth (mm/dd/yy): _____ NYS Drivers' License # _____

Home Address: _____

Phone Number: _____

Name of company from which you operate any taxicab: _____

Broome County Taxi License Number: _____

Expiration Date (mm/dd/yy): _____

Since date of original taxi application, have you been arrested or convicted of a felony, misdemeanor, or any offenses involving illegal drugs, alcohol, domestic violence, or a sexually related offense, or have any pending charges for any offense?

Yes No If yes, explain:

PLEASE BRING THE FOLLOWING DOCUMENTS WHEN SUBMITTING APPLICATION:

- Current Broome County Taxi Driver License
 Valid New York State Drivers' License

**APPLICANT MUST REPORT FOR A DRUG SCREENING TEST ON
THE DATE OF THIS SUBMISSION.**

**“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

FOR OFFICE USE ONLY

Taxi Driver License #: _____ Expires(mm/dd/yy): _____

Copy of current Broome County Taxi Driver’s License attached

Copy of NY State Drivers’ License Expires(mm/dd/yy): _____

DMV Driver’s License Abstract Attached Criminal Records Check completed & attached

Drug Screening Positive Negative Fee collected (\$ 60.00) Cash Check Credit Card

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

ATTACH ALL SUPPORTING DOCUMENTATION

Approved Denied Reason: _____

Director of Security Date (mm/dd/yy): _____