



State of New York
County of Broome Government Offices

Broome County Government Security Division
Jason T. Garnar, 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: _____

Business hours of operation: 24/7 Limited Availability: _____

E-mail Address: _____

Vehicle Maintenance Facility Name & Address:

Dispatching Facility Name & Address:

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: _____



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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]