



# TOWN OF BABYLON

## TAXICAB AND VEHICLES FOR HIRE LICENSE APPLICATION

All Applicants **MUST** submit the following Supporting Documents when filing the application:

ITEM	INSTRUCTIONS - REQUIRED DOCUMENTS READ AND FOLLOW CAREFULLY TO AVOID MISTAKES
<b>New York State Driver's License with proper class</b>	Must be a New York State, Class A, B, C, E driver license (or equivalent*)
<b>Photographs</b>	Two identical photographs of the applicant shall be submitted, taken no longer than 60 days prior to submission of the application. Said photographs shall be two inches by two inches in size, showing both the head and shoulders of the applicant.
<b>Fingerprints</b>	Applicant must submit a fingerprint card to the Town Clerk or his or her designee for appropriate fingerprinting of said applicant, and such completed fingerprint card shall thereafter be forwarded by the Town Clerk or his or her designee to the New York State Division of Criminal Justice Services for a full search.
<b>Affidavit from NYS Licensed Doctor</b>	Affidavit from a doctor licensed to practice medicine in the State of New York stating that said doctor has thoroughly examined the applicant within 30 days of the application, and that said applicant demonstrates no affliction of any physical or mental disease or infirmity which might make him or her an unsafe or unsatisfactory license holder and no drug or alcohol dependency or use other than by prescription, together with results of blood testing. If prescription medication, that the medication will not impair the ability to drive or operate a limousine or taxi.
<b>NYS Defensive Driving Certification</b>	Proof that the applicant is the holder of a certificate of completion for the required hours of instruction in a defensive driving course from a school, facility or agency certified by the New York State Department of Motor Vehicles. The Course must have been completed within six months prior to the date of application.
<b>Fleet No. Information</b>	Provide the fleet number of each vehicle, if applicable.
<b>Vehicle Inspection Cert.</b>	A copy of the current, valid New York State inspection certificate for said vehicle.
<b>Titles and Registration of Vehicles</b>	Copies of the current, valid title and New York State Vehicle Registration (indicating make, type, seating capacity, registration number, vehicle identification number and license plate number) for said vehicle.
<b>Criminal Background Check</b>	\$65.00 fee, Payable by certified check made out to: NYS Office of Court Administration
<b>Application Fee</b>	\$500.00 fee, Payable by certified check or Money Order made out to: Town of Babylon
<b>Vehicle Registration Fee</b>	\$100.00 fee per vehicle, Payable by certified check or Money Order made out to: Town of Babylon

<b>For Office Use Only:</b>	
Date: _____	Received by: _____
Time: _____	License#: _____

Supplying false information on this document may result in criminal charges being filed.

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Name of Applicant: \_\_\_\_\_

Trade Name (DBA) \_\_\_\_\_

Premises Street Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Applicant E-mail address (required) \_\_\_\_\_

Business Website: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PERSONAL INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Motorist ID Number: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_      Work (\_\_\_\_\_) \_\_\_\_\_      Cell (\_\_\_\_\_) \_\_\_\_\_

**BUSINESS INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers: Main: (\_\_\_\_\_) \_\_\_\_\_      Fax: (\_\_\_\_\_) \_\_\_\_\_

**TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (Attach Additional sheets if necessary)**

Name of Principal	Residence	Social Security #:

**TO BE FILLED IN ONLY BY CORPORATION OF LLC/LLP APPLICANTS** (attached additional sheets if necessary)

List the names and address or Principals ( Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

\_\_\_ A. This is an application for an **Individual**

1. Present driver's license
2. Provide 2 photographs and a set of fingerprints

\_\_\_ B. This is an application for a **Partnership**

1. Present certified copy of partnership certificate filed with Suffolk County clerk
2. Provide 2 photos, government issued photo ID and fingerprints of each partner

\_\_\_ C. This is an application for a **Domestic Corporation**

1. Present certified copy of the Articles of Incorporation, photocopy of FEIN # and an original resolution authorizing the application
2. Provide the agent for service of process (name, title and address)
3. Provide 2 photos, government issued photo ID and fingerprints of all officers and stockholder's (with 10% of stock or more)

\_\_\_ D. This is an application for a **Foreign Corporation**

1. Present photocopy of application for authority to do business in NYS and a photocopy of FEIN # and an original resolution authorizing the application
2. Provide the agent for service of process (name, title and address)
3. Provide 2 photos, government issued photo ID and fingerprints of all officers and stockholder's (with 10% of stock or more)

VEHICLE INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Registered Owner: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

\*Attach additional sheets if necessary

# CRIMINAL BACKGROUND CHECK

For the Purposes conducting a criminal background check this form **MUST** be completed  
A fee of \$65.00 must be received

<b>Name</b> _____			
Last	First	Middle	
<b>Home Address</b>			
Street	City	State	Zip
<b>Date of Birth:</b> _____		<b>Driver License No:</b> _____	
<b>Country or State of Birth:</b> _____		<b>Citizenship</b> _____	
<b>City of Birth</b> _____		<b>Social Security #</b> _____	
<b>Occupation</b> _____		<b>Employer Name</b> _____	
		<b>Phone #</b> _____	
<b>Employer Address</b>			
Street	City	State	Zip
<b>Height</b> _____	<b>Weight</b> _____	<b>Sex</b> _____	<b>Race*</b> _____
			<b>Hair Color</b> _____
			<b>Eye Color</b> _____
<b>*Race:</b> - Circle one of the following which best describes yourself and write your answer on the appropriate line above: Black   White   Asian   Native American   Not Listed			
<b>Applicant Signature</b> _____			

<b>1. Have you ever been convicted of any felonies or misdemeanors or violations of any municipal ordinances (except with relation to municipal traffic and/or parking violations)?</b> If yes, provide date(s) and details of those conviction(s) <p style="text-align: right;">[ ] Yes    [ ] No</p>
<b>2. Have you been convicted of any traffic infractions within the last 18 months?</b> This includes, but is not limited to, misdemeanors, felonies, and conditional discharges. A plea of guilty is the equivalent to a finding of guilty after trial. If yes, you must provide date of conviction, charge, disposition, court date and any other pertinent information: <p style="text-align: right;">[ ] Yes    [ ] No</p>
<b>3. Do you currently have any criminal charges pending against you?</b> If yes, please provide the details: <p style="text-align: right;">[ ] Yes    [ ] No</p>
<b>4. Do you have any traffic infractions pending against you?</b> If yes, please provide the details: <p style="text-align: right;">[ ] Yes    [ ] No</p>
<b>5. Has any DMV, Taxi and/or For-Hire permit held by you been denied, suspended or revoked in any jurisdiction:</b> This includes, but is not limited to, Suffolk County, Nassau County, and New York City. If yes, you must provide date, agency, charge, disposition, and any other pertinent information <p style="text-align: right;">[ ] Yes    [ ] No</p>

**Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, all the information is true, correct and complete. I understand that if this application is missing or has incorrect information, my application will be rejected and that any fee I paid will not be refunded. If I want, I can re-apply with corrected application including the required application fees. I also know that under the law, all license applications are public records and may be disclosed, including this application and all other documents and information filed with it; and I understand and agree that the Town of Babylon may verify any documents and information I provide, including verification of my social security number by the Social Security Administration, and Child Support case status if applicable in connection with this application. Applicant further understands that pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.**

*Notarized signature dated not more than 30 days from application submission.*

Application Date: \_\_\_\_\_ Signed \_\_\_\_\_  
Applicant's Signature

State of New York Sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

County of \_\_\_\_\_)ss:

\_\_\_\_\_  
Notary Public Signature