



OFFICE OF THE CITY CLERK

Rome City Hall, 198 N. Washington St.

Rome, New York 13440-5815

Louise S. Glasso, CMC • Rome City Clerk, Registrar

Eric R. Seelig • Deputy City Clerk

Heather L. Pacicca • Deputy Registrar

Phone: 315-339-7659

Fax: 315-838-1160

www.romenewyork.com

APPLICATION FOR TAXICAB BUSINESS LICENSE

1. Name of Applicant: _____
(include maiden name if applicable)

Permanent Address: _____

Permanent Phone Number: () _____ Cell Phone: () _____

Place & Date of Birth: _____

Social Security Number: _____ - _____ - _____

Male: _____ Female: _____

Do you possess a current valid driver's license? No _____ Yes _____

What State issued your driver's license: _____

Driver's License I. D. Number: _____ - _____ - _____

2. Name of Business to be licensed hereunder: _____

Business Address: _____ Business Phone # () _____

3. Location of places where Applicant has been in business during past six (6) months

4. List three (3) character references (not relatives) that have known you for a period of at least one year:

Name: _____

Address: _____

Home Phone: () _____ Business Phone: () _____

Occupation: _____

Nature of acquaintance: _____

Name: _____
Address: _____
Home Phone: () _____ Business Phone: () _____
Occupation: _____
Nature of acquaintance: _____

Name: _____
Address: _____
Home Phone: () _____ Business Phone: () _____
Occupation: _____
Nature of acquaintance: _____

5. Indicate number and make of Vehicle(s) to be utilized in the conduct of business licensed.
(each vehicle must be licensed pursuant to Rome Code, §78-131, et seq.)

<i>Vehicle Make</i>	<i>Model</i>	<i>Year</i>	<i>State License Plate No.</i>
---------------------	--------------	-------------	--------------------------------

1. _____

2. _____

3. _____

4. _____

6. Applicant must provide adequate proof of automobile and general commercial liability insurance.

NOTE: The City of Rome, New York reserves the right to check any and all references that may reflect on your character and business practices. The office of the City Clerk shall not issue a Taxicab Business License until such time as applicant's background and character have been certified by the Rome Police Department.

Applicant shall allow for a period of up to five (5) business days to complete this task.

7. Signature

I certify under penalty of perjury that I have personally answered all the questions contained herein and that the information provided by me is true and complete to the best of my knowledge.

I have read the foregoing and understand that FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210. of the NEW YORK STATE PENAL LAW.

Signature

Sworn to and subscribed before me this ____ day of _____, 20__

Notary Public / Commissioner of Deeds
Commission expires: _____

POLICE DEPARTMENT VERIFICATION

The references and credentials of the individual have been checked and APPROVED/DISAPPROVED by the Rome Police Department.

Comments: _____

Name and Title

Date

CITY CLERK LICENSE INFORMATION

Business License Fee: \$25.00 Paid: \$_____ Date: _____

Business License Number: _____

Date License Issued: _____

Date License Expires: _____

City Clerk's Signature

Date