



# OFFICE OF THE CITY CLERK

Rome City Hall, 198 N. Washington St.

Rome, New York 13440-5815

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## APPLICATION FOR TAXICAB VEHICLE LICENSE

Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Valid Driver License No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Chauffeurs License No.: \_\_\_\_\_

Were you ever convicted of a Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_ Traffic Offense \_\_\_\_\_  
If yes, give dates and details \_\_\_\_\_

Has your state or city registration, drivers or taxicab license ever been revoked or  
suspended \_\_\_\_\_ If yes, give dates and details \_\_\_\_\_

Have you previously been licensed to operate a taxicab if so where: \_\_\_\_\_

**Name of person(s) in immediate charge of taxicab (s):** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## VEHICLE INFORMATION

Make of Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Engine Type \_\_\_\_\_ Color \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ State License Plate No.: \_\_\_\_\_ Vehicle ID No.: \_\_\_\_\_

Present Mileage: \_\_\_\_\_

Was this vehicle ever licensed as a taxicab in Rome: \_\_\_\_\_ If yes, give last date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed & sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary/Commissioner of Deeds

## VEHICLE INSPECTION CHECKLIST

*To be filled out by City of Rome Representative.  
ALL QUESTIONS MUST BE ANSWERED AS "YES" FOR VEHICLE TO PASS INSPECTION.*

### 1.) EXTERIOR OF VEHICLE

Is vehicle clean, of uniform color and free from excessive rust?

Yes  No (*If No, Vehicle fails inspection.*)

### 2.) WINDOWS

Are the windows intact and functional and of such number, size and sufficiency to identify persons that may ride in vehicle?

Yes  No (*If No, vehicle fails inspection.*)

### 3.) TIRES

Does the vehicle have road-worthy all-season tires?

Yes  No (*If No, vehicle fails inspection.*)

### 4.) USE OF DOORS

May the doors be opened by passenger(s)?

Yes  No (*If No, vehicle fails inspection.*)

### 5.) BODY & MUFFLER SYSTEM

a.) Are the vehicle's body, floorboards, fenders and muffler system free from dents and holes?

Yes  No (*If No, vehicle fails inspection.*)

b.) Has or will the Vehicle pass a New York State inspection?

Yes  No (*If No, vehicle fails inspection.*)

### 6.) SPARE TIRE AND JACK

Does the Vehicle have a spare tire, jack (or other tools for tire change) and at least two (2) thirty (30) minute safety flares?

Yes  No (*If No, vehicle fails inspection.*)

I, \_\_\_\_\_, certify that the above described vehicle  
**License Plate No.** \_\_\_\_\_ was inspected by me on \_\_\_\_\_,  
and that said vehicle meets all condition and equipment requirements of the City of Rome Code  
of Ordinances, §78-166, and is, therefore, **APPROVED** by me to receive a license to be utilized  
as a taxicab within the City of Rome, New York.

Dated: \_\_\_\_\_  
(Month) (Day) (Year)

BY: \_\_\_\_\_  
(Signature of City Representative)

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

### CITY CLERK LICENSE INFORMATION

Licensing Fee: New Vehicle \$20.00  
Yearly Renewal \$15.00  
Transfer Vehicle \$10.00

Paid: \$\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Date License Issued

\_\_\_\_\_  
Vehicle Number

\_\_\_\_\_  
City Clerk Signature

\_\_\_\_\_  
Date