

**JEAN ISOM GRANDE**  
Rome City Clerk



**ERIC R. SEELIG**  
Deputy City Clerk

**OFFICE OF THE CITY CLERK**

Rome City Hall, 198 N. Washington Street  
Rome, New York 13440-5815  
Tel.: (315) 339-7659 Fax: (315) 838-1160  
www.romenewyork.com

**APPLICATION FOR TAXICAB BUSINESS LICENSE**

Name of Applicant (include Maiden Name): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place & Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Do you possess a current valid driver license? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver License ID No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Name of Business to be licensed hereunder: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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.)*

Vehicle Year	Make	Model	State Lic. Plate No.

**\*\*\*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.

**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 credentials of the applicant(s), principal(s) and/or partner(s) of the business have been checked by the Rome Police Department, and based upon the information provided, the license is:

- Approved                       Disapproved

The applicant was not approved for the following reason(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature	Title	Date
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**CITY CLERK LICENSE INFORMATION**

Business License Fee:            **\$25.00**

Amount Paid:                    \_\_\_\_\_

License No.: \_\_\_\_\_

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

Date License Expires: \_\_\_\_\_

\_\_\_\_\_

City Clerk Signature

\_\_\_\_\_

Date