

**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 VEHICLE LICENSE**

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Valid Driver License No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Chauffeur License No.: \_\_\_\_\_

Were you ever convicted of:  
A Felony? \_\_\_\_\_ A Misdemeanor? \_\_\_\_\_ A Traffic Offense? \_\_\_\_\_

If yes, give dates and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your state or city registration, driver or taxicab license, ever been revoked or suspended?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, indicate where and when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**VEHICLE INFORMATION**

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Engine Type: \_\_\_\_\_ Color: \_\_\_\_\_ Present Mileage: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ State Lic. Plate No.: \_\_\_\_\_ VIN #: \_\_\_\_\_

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 Public/Commissioner of Deeds

**VEHICLE INSPECTION CHECKLIST**

***To be filled out by City of Rome Representative.  
All questions must be answered as "Yes" for the 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.)

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**CITY REPRESENTATIVE CERTIFICATION**

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.

\_\_\_\_\_  
Name Title Date

\_\_\_\_\_  
Signature of City Representative Date

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**CITY CLERK LICENSE INFORMATION**

**Permit Fees:**

New Vehicle: **\$20.00**  
Yearly Renewal: **\$15.00**  
Transfer Vehicle: **\$10.00**

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

Vehicle No.: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date