

the copper city

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

TAXICAB BUSINESS LICENSE APPLICATION

APPLICANT MUST PROVIDE ADEQUATE PROOFS OF INSURANCE FOR EACH AUTOMOBILE, GENERAL COMMERCIAL LIABILITY, AND WORKERS' COMPENSATION.

Name of **APPLICANT** (include Maiden Name): _____

Permanent Address: _____

Phone: _____ Email: _____

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 or co-workers)** 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: _____

CITY CLERK LICENSING INFORMATION

Business License Fee: **\$25.00**

Amount Paid: _____

License No.: _____

Date License Issued: _____

Date License Expires: _____

City Clerk Signature

Date