

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 VEHICLE LICENSE APPLICATION

Applicant Name: _____
Home Address: _____
Business Name: _____
Business Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ Social Security #: _____-_____-_____
Driver License No.: _____-_____-_____ Chauffeur License No.: _____

Were you ever convicted of a:

Felony? YES NO | **Misdemeanor?** YES NO | **Traffic Offense?** YES NO

If yes, give dates and details:

Has your state or city registration, driver or taxicab license, ever been revoked or suspended for any reason? YES NO

If yes, give dates and details:

Have you previously been licensed to operate a taxicab? YES NO

If so, indicate where and when:

Name of person(s) in immediate charge of taxicab(s): _____

Home Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Social Security No.: ____-____-_____

Home Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Social Security No.: ____-____-_____

Home Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Social Security No.: ____-____-_____

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VEHICLE INFORMATION

NEW VEHICLE **RENEWAL VEHICLE** **TRANSFER VEHICLE**

Make: _____ Model: _____ Year: _____

Engine Type: _____ Color: _____ Present Mileage: _____

Lic. Plate No.: _____ VIN #: _____ Seating Capacity: _____

Was this vehicle previously licensed in Rome? _____ If yes, give last date: _____

Signature of Applicant

Subscribed & sworn to before me this _____ day of _____, 20____.

Notary Public/Commissioner of Deeds

VEHICLE INSPECTION CHECKLIST

**TO BE COMPLETED BY A CITY OF ROME TAXICAB 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

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

3. TIRES

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

- Yes No

4. USE OF DOORS

May the doors be opened by passenger(s)?

- Yes No

5. BODY & MUFFLER SYSTEM

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

- Yes No

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

- Yes No

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

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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 (Print)

Title

Signature

Date

FOR INTERNAL USE ONLY

CITY CLERK LICENSING 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