

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 DRIVER LICENSE APPLICATION

FOR INTERNAL USE ONLY



Photo of Applicant
(head shot)

- NEW APPLICATION**
- RENEWAL APPLICATION**

NAME: _____

LIC. NO.: _____ **TAXICAB. CO.:** _____

Date of Application: _____

Date License Issued: _____

GENERAL INFORMATION

1. Renewal Applications are due on or before February 1, of each year. Application renewal fee of \$15.00 (non-refundable) will be paid to City Clerk's Office upon receipt of renewal application. No initial application fee on yearly renewals. (Applications will not be accepted for processing without renewal fee.)
2. Initial application fee of **\$25.00 (non-refundable)** due when application is turned into the City Clerk's Office for processing - **CASH OR MONEY ORDER ONLY**. (Applications will not be accepted for processing without application fee.)
3. Taxicab License Fee of **\$10.00 (in addition to initial application fee)** will be paid to the City Clerk when applicant receives his/her Taxicab License - **CASH OR MONEY ORDER ONLY**.
4. Applicant must have a **Class "E"** Endorsement to their New York State Driver's License (photocopy of NY State Driver's License will be acceptable).

NOTE:

False replies to any of the questions herein under the law constitutes perjury will result in refusal of license, or, if granted, revocation of same and could result in prosecution.

_____ (Applicant's Initials)

The following application must be properly filled out and all questions therein answered. ATTACH A COPY OF YOUR CURRENT NEW YORK STATE OPERATOR'S LICENSE TO THIS APPLICATION.

PERSONAL INFORMATION

Name: _____
Full Address: _____
Telephone: _____ Cell: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____ Race: _____ (optional)
Sex: _____ Scars/Tattoos: _____ Citizen of (Country): _____
NYS Valid Driver Lic. No.: _____ Soc. Sec. No.: _____

PERSONAL HISTORY

I, THE UNDERSIGNED, HEREBY APPLY TO THE TAXICAB COMMITTEE, CITY OF ROME FOR A LICENSE TO DRIVE A TAXICAB IN THE CITY OF ROME AND FOR THAT PURPOSE FILE THE ADJACENT PHOTOGRAPH AND ABOVE DESCRIPTION OF MYSELF AND GIVE THE FOLLOWING ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATION:

1. Place of Birth: _____
2. Are you a resident of the United States? YES NO If yes, for how long? _____
3. Are you a resident of the City of Rome? YES NO If yes, for how long? _____
4. Are you a naturalized citizen of the United States? YES NO
Have you declared your intention to become one? YES NO
(give date and the Court in which papers were filed _____)
5. Have you ever served in the armed forces of this or any other country? YES NO
If Yes, give particulars: _____
If Yes, provide the date and type of discharge or separation: _____
6. Are you currently taking any medications, pursuant to a prescription by a physician?
 YES NO
If yes, explain:

7. Are you now the holder of, any interest in or member of a partnership or corporation holding any license issued by the City of Rome? If so, give particulars:

8. How long have you been a licensed chauffeur or operator? _____
9. Have you ever before filed an application for Taxicab Owner or Taxicab Driver?
 YES NO
If Yes, state when and where: _____

10. Has any license issued to you by the City of Rome ever been suspended or revoked?

YES NO If Yes, give particulars: _____

11. Have you any physical or mental defects or infirmity, of which you are aware, that would in any way interfere with the proper operation and control by you of a motor vehicle? YES NO

12. Any corrective lenses (eye glasses etc.): YES NO

If so, list the date of last eye exam: _____

13. Indicate where you have lived for the past five (5) years:

Year(s)	Address	City/State

14. Give the names and addresses of your employers, and your occupation, for the last five (5) years:

Employer Name	Year(s)	Address & Phone	Occupation	Reason for Leaving

REFERENCES

15. List two (2) character references **(not relatives or co-workers)** who have known you for a period of at least five (5) years.

Name: _____

Address: _____

Phone: _____ Occupation: _____

Nature of Acquaintance: _____

Name: _____

Address: _____

Phone: _____ Occupation: _____

Nature of Acquaintance: _____

CRIMINAL HISTORY

16. Have you ever been convicted of any crimes or do you have any criminal charges pending at this time? If so, explain:

17. Have you been involved in any motor vehicle accidents within the last three (3) years? If so, explain:

18. Have you have been convicted of D.W.I. or D.W.A.I. within the last ten (10) years of the date of this application? If so, explain

19. Have you ever been convicted of any violations of the New York State Vehicle and Traffic Law, other than answer to question 18 within the past three (3) years? If so, explain:

AFFIRMATION

In consideration of the granting of the license hereby applied for, the applicant agrees that service of any paper, notice, letter, summons, complaint, process of any kind or nature may be made by the City of Rome, or any Department thereof, upon the person to whom the license is issued by leaving any such paper, notice, letter, summons, complaint, or legal process with any member of his family or other person with whom he may reside at the address given above.

I, _____ being deposed says that he/she, is the individual making the foregoing application for a taxicab driver’s license that the answers to the foregoing questions and other statements contained therein are true to the best of my knowledge.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210 45 OF THE PENAL LAW OF THE STATE OF NEW YORK

Signature of Applicant

Sworn to before me this _____ day of _____, 20_____.

Notary Public or Commissioner of Deeds

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review and full disclosure of all records concerning myself to the Rome Police Department and the Rome City Clerk's Office, whether the said records are of public, private or confidential nature.

In connection with my application for a Taxicab License, I hereby release the City of Rome, The City Clerk's Office, the City of Rome Police Department and/or their officers, employees and agents from any liability and responsibility arising from the preparation of a background investigation report.

I authorize all persons, businesses corporations, courts and law enforcement agencies to release information including matters of opinion about my character, ability and past conduct. I authorize these agencies to release such information without restrictions or qualification.

I understand that any information obtained by a personal history background investigation, which is developed in whole or in part; upon this release authorization will be considered in determining my suitability in obtaining a Taxi Cab License.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

**A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN
THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY
SIGNATURE.**

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

Signature of Applicant

Sworn to before me this _____ day of _____, 20_____.

Notary Public or Commissioner of Deeds

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CITY CLERK

Date Application Received: _____
Initial Application Fee (**nonrefundable**): **\$25.00** Paid: _____ Date: _____
Additional License Fee upon approval: **\$10.00** Paid: _____ Date: _____
Renewal License Fee: **\$15.00** Paid: _____ Date: _____
Date Forwarded to Police Dept.: _____

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ROME POLICE DEPARTMENT

Date Application Received: _____
Background Check Completed by: _____ Date: _____

APPROVAL **DENIAL**

Police Dept. Official

Reason for Denial:

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TAXICAB COMMITTEE

APPROVAL **DENIAL**

Taxicab Committee Representative

Reason for Denial:

