

OFFICE OF THE CITY CLERK

ROME CITY HALL, 198 N. WASHINGTON ST. 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 N	Name):
Permanent Address:	
Phone:	Email:
Place & Date of Birth:	
Social Security Number:	Male: Female:
Do you possess a current valid driver licen	ise?
Driver License ID No.:	State Issued:
Name of BUSINESS to be licensed hereur	nder:
Business Phone:	
Location of places where Applicant has be-	en in business during past six (6) months:
least one year:	atives or co-workers) that have known you for a period of at
Address:	
Home Phone:	Business Phone:
Nature of acquaintance:	
Name:	
Address:	
Home Phone:	Business Phone:
Occupation:	
Nature of acquaintance:	
Name:	
Address:	
Home Phone:	Business Phone:
Occupation:	
Nature of acquaintance:	

TAXICAB VEHICLES

Indicate number and make of vehicle(s) to be utilized in the conduct of business licensed. (each vehicle must be individually licensed pursuant to Rome Code, §78-131, et seq.)

Vehicle Year	Make	Model	State Lic. Plate No.

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				
FO	R INTERNA	AL USE	ONLY		
ROME POLICE DEPARTMI	ENT VERIFICATION	ON			
The credentials of the applicant(Rome Police Department, and b					y the
□ Approved	□ Disapp	roved			
The applicant was not approved	for the following rea	ason(s)			
Signature	Title			Date	
CITY CLERK LICENSING I	NFORMATION				
Annual License Fee:	\$25.00				
Amount Paid:		License N	lo.:		
Date License Issued:		Date Lice	ense Expires:		
City Clerk Signature			Date		