



**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 DRIVER LICENSE APPLICATION

### FOR INTERNAL USE ONLY

Photo of Applicant  
(head shot)

☐ NEW APPLICATION

☐ RENEWAL APPLICATION

NAME: \_\_\_\_\_

LIC. NO.: \_\_\_\_\_ TAXI. CO.: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date License Issued: \_\_\_\_\_

### GENERAL INFORMATION

1. Renewal Applications are due on or before December 10<sup>th</sup> 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 Driver License – **CASH OR MONEY ORDER ONLY**.
4. Applicant must have a Class "E" Endorsement to their New York State Driver License – **photocopy of NYS Driver License is required**.

### 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**

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
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 of the 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? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
3. Are you a resident of the City of Rome? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
4. Are you a naturalized citizen of the United States? \_\_\_\_\_  
Have you declared your intention to become one? \_\_\_\_\_  
(indicate date and the Court in which papers were filed) \_\_\_\_\_
5. Have you ever served in the armed forces of this or any other country? \_\_\_\_\_  
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? \_\_\_\_\_  
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 Business Owner or Taxicab Driver? \_\_\_\_\_  
If yes, state when and where: \_\_\_\_\_
10. Has any license issued to you by the City of Rome ever been suspended or revoked? \_\_\_\_\_  
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? \_\_\_\_\_
12. Any corrective lenses (eye glasses etc.): \_\_\_\_\_  
If yes, 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 License, and 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 / 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 Driver 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

**FOR INTERNAL USE ONLY**

**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.: \_\_\_\_\_

.....

**ROME POLICE DEPARTMENT**

---

Date Application Received: \_\_\_\_\_

Background Check Completed by: \_\_\_\_\_      Date: \_\_\_\_\_

☐ APPROVAL      ☐ DENIAL

\_\_\_\_\_  
Police Dept. Official

Reason for Denial:

\_\_\_\_\_

\_\_\_\_\_

.....

**TAXICAB COMMITTEE**

---

☐ APPROVAL      ☐ DENIAL

\_\_\_\_\_  
Taxicab Committee Representative

Reason for Denial:

\_\_\_\_\_

\_\_\_\_\_