



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 VEHICLE LICENSE APPLICATION

**APPLICANT MUST PROVIDE ADEQUATE PROOF OF INSURANCE
AND REGISTRATION THE VEHICLE DEFINED IN THIS APPLICATION.**

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

Have you ever been convicted of a Felony? _____ Misdemeanor? _____ Traffic Offense? _____

If you answered yes to any of the above questions, provide dates and details:

Has your state or city registration, driver or taxicab license, ever been revoked or suspended? _____

If yes, provide dates and details:

Have you previously been licensed to operate a taxicab? _____

If yes, 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.:** ____-____-____

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, provide 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

CITY REPRESENTATIVE CERTIFICATION

I, _____, certify that the above described vehicle 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

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FOR INTERNAL USE ONLY

CITY CLERK LICENSING INFORMATION

Permit Fees:

New Vehicle: **\$20.00**

Renewal Vehicle: **\$15.00**

Transfer Vehicle: **\$10.00**

Total Amount Paid: _____

Vehicle No.: _____

Date License Issued: _____

Date License Expires: _____

City Clerk Signature

Date