

OFFICE OF THE CITY CLERK

ROME CITY HALL, 198 N. WASHINGTON ST. ROME, NEW YORK 13440-5815 PHONE: (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 Na	ame):					
Permanent Address:						
Phone:	Email:					
Place & Date of Birth:						
Social Security Number:		Male:	Female:			
Do you possess a current valid driver license	e?					
Driver License ID No.:	State Issued:					
Name of BUSINESS to be licensed hereund	ler:					
Business Address:						
Business Phone:						
Location of places where Applicant has been	n in business d	uring past six (6	5) months:			
List three (3) character references (not relat least one year:	tives or co-woi	<mark>kers)</mark> that have	e known you for a period of at			
Name:						
Address:						
Home Phone:	Busines	s Phone:				
Occupation:						
Nature of acquaintance:						
Name:						
Address:						
Home Phone:	Busines	s Phone:				
Occupation:						
Nature of acquaintance:						
Name:						
Address:						
Home Phone:	Busines	s 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	s day o	f	, 20
Notary Public / Commissioner of Deed	ls		
FORI	NTERNA	L USE ONLY	
ROME POLICE DEPARTMENT V	ERIFICATIO	N	
The credentials of the applicant(s), prin Rome Police Department, and based up	oon the information	tion provided, the license	
Approved The applicant was not approved for the	following reas	on(s)	
Signature	Title		Date
CITY CLERK LICENSING INFOR	MATION		
Annual License Fee: \$25.00)		
Amount Paid:		License No.:	
Date License Issued:		Date License Expires:	

City Clerk Signature