



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Has your state or city registration, driver or taxicab license, ever been revoked or suspended?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

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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**

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**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