

City of Plattsburgh, New York

Application for Permission to Operate a Taxicab

Application is hereby made for permission to operate a taxicab, duly licensed by the City Clerk on the streets of the City of Plattsburgh for:

Name: _____ Date of Birth: _____

Alias(s): _____

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Sex: Male Female

Driver's License #: _____ State: _____ Class: _____ Expiration Date: _____

Arrest Information:

Have you ever been arrested and/or convicted of a crime? Yes No

If YES, please provide the following information: (if you are unsure of dates, an estimated date will be accepted)

Date:	Charge:	Disposition (Please include court):

Has your license to operate a motor vehicle ever been suspended or revoked? Yes No

If yes, when was it suspended/revoked and why?

Are you a member of the Armed Services? Yes No

Are you a citizen of the United States? Yes No

Length of residence in New York State: _____

Last or Current Employer: _____

Address: _____

Have you previously been licensed in the City of Plattsburgh to operate a Taxicab? Yes No

Have you ever had an application to operate a taxicab denied? Yes No

If yes; why? _____

Please list four (4) references that will vouch for your character:

Name	Address	Phone #

****NOTICE: False statements made herein are punishable pursuant to Penal Law Section 210.45 as a Class A Misdemeanor. INCOMPLETE OR INACCURATE INFORMATION MAY BE CAUSE FOR DENIAL OF YOU APPLICATION.**

Applicant Signature: _____ Date: _____

****FOR OFFICE USE ONLY****

Approved: _____

Denied: _____ (application denied for reason listed below)

- Incomplete/inaccurate information
- Applicant does not hold Class E or Class C license as require by NYS
- Applicant does not meet the requirements of the Plattsburgh City Code, Chapter 243, §243-4

Name: _____

Title: _____

Signature: _____

Date: _____