

Approved by Chief of Police: _____ Date: _____

City of Plattsburgh, New York
Application for Taxicab Business License

To the City Clerk

Application is hereby made for a license permitting operation of taxicabs on the streets of the City of Plattsburgh, NY.

Company Information:

Company Name (DBA): _____

Owner: _____

Address: _____

Business Telephone #: _____

Company Owner Information:

Have you ever been arrest? Yes No

If so; what for and were you convicted? _____

Do you hold a valid NYS License as per section 501 of the Vehicle and Traffic Laws (Class E or C)?

Yes No

License #: _____ Class: _____ Expiration Date: _____

Length of Residence in NYS: _____

Has your license ever been suspended or revoked? Yes No

If so, please provide date, why, and where:

Car Information

This application is made for:

Make of Car: _____ Year: _____

VIN Number: _____ Seating Capacity: _____

NYS License Plate #: _____

Taxicab Owners Name: _____ Owners DOB: _____

Signature of Applicant: _____ Date: _____

****Office Use Only****

Date Received: _____

Approved Disapproved

Taxi License #: _____ for the period _____ to _____
Issued this _____ day of _____ 20 _____

City Clerk