



VILLAGE OF
PORT CHESTER

10 Pearl Street, Port Chester, NY 10573

(914) 939-5202
Fax: (914) 937-3169

APPLICATION FOR TAXI CAB LICENSE

All applications for Renewal shall be returned at least 30 days before expiration date with FH-1

TAXI CO. _____
LIC # _____
DATED _____

Car Make & Yr _____
Plate# _____
VIN # _____

OFFICAL USE ONLY

Police Dept. Approved _____
Disapproved _____
Signed _____ Date _____

NEW _____ RENEWAL _____ RE-REG _____

TRANSFER _____ SUBSTITUTION _____

IMPORTANT NOTICE

THE FOLLOWING APPLICATION MUST BE PROPERLY FILLED OUT AND ALL QUESTIONS THEREIN ANSWERED: FALSE REPLIES TO ANY OF THE QUESTIONS HEREIN UNDER THE LAW CONSTITUTES PERJURY; SUCH FALSITY WILL RESULT IN REFUSAL OF LICENSE, OR IF PREVIOUSLY GRANTED IN REVOCATION OF SAME "It is a crime punishable as a CLASS A MISDEMEANOR to knowingly make a false statement therein."

I, the undersigned, hereby apply to the VILLAGE CLERK OF THE VILLAGE OF PORT CHESTER, for a license to own a taxicab in the Village of Port Chester, pursuant to the provisions Chapter 295 of the Village Code and for that purpose file the following description of myself, and give the following answers to the questions contained in this application:

- 1) Name of Owner of Vehicle _____ Date of Birth _____
- 2) Home Address _____ Age _____
Business Address _____
Phone _____ Where Born _____
- 3) If vehicle is registered to a person other then owner, name, address & place of business to whom the vehicle is registered _____
- 4) Address for past 5 years _____ Are you Owner-Operator _____
- 5) Are you a naturalized citizen of the U.S. or have you declared your intention to become one? (State which giving date of naturalization and the Court in which papers were filed) _____
- 6) Have you ever been licensed to own a Taxi Cab by the Village of Port Chester? _____
- 7) Has that licensed ever been suspended or revoked? _____ Explain _____

- 8) Have you ever been previously licensed to operate as a taxi cab and, if so, where? _____
- 9) Has that license ever been suspended? _____ Why? _____
- 10) Has your registration ever been suspended or revoked by D.M.V.? _____ Why? _____
- 11) Has your insurance ever been canceled or revoked for any reason? _____
- 12) Place and date of any felony and misdemeanor convictions of all persons to whom such vehicle is to be registered _____
- 13) Name of Dispatch Company that will dispatch for the vehicle _____

I hereby give the Port Chester Police Dept. permission to conduct a Police Record Check & Fingerprints.

_____ (Signature)

In consideration of the granting of the license hereby applied for, the applicant agrees that service of any paper, notice, letter, summons, complaint or legal process of any kind of nature may be made by the Village of Port Chester, or any department thereof, upon the person to whom the license is issued by leaving a copy of any such paper, notice, letter, summons, complaint or legal process with any member of his family or other person with whom he may reside at the address given above.

It is further agreed by the applicant that he will conform to all the ordinances, rules and regulations of the Village of Port Chester governing taxicabs and taxicab operators.

State of New York)
 County of Westchester) ss:

_____, being duly sworn, deposes and says that he is the individual making the foregoing application for a taxicab license, that the answers to the foregoing questions and other statements contained therein are true of _____ own knowledge.

Sworn to before me this _____ day of _____, 200__.

 Notary Public: Westchester County

14) WRITTEN CONSENT OF DISPATCHING COMPANY FOR SAID VEHICLE
