



TOWN OF BABYLON

TAXICAB AND VEHICLES FOR HIRE LICENSE APPLICATION

All Applicants **MUST** submit the following Supporting Documents when filing the application:

ITEM	INSTRUCTIONS - REQUIRED DOCUMENTS READ AND FOLLOW CAREFULLY TO AVOID MISTAKES
New York State Driver's License with proper class	Must be a New York State, Class A, B, C, E driver license (or equivalent*)
Photographs	Two identical photographs of the applicant shall be submitted, taken no longer than 60 days prior to submission of the application. Said photographs shall be two inches by two inches in size, showing both the head and shoulders of the applicant.
Fingerprints	Applicant must submit a fingerprint card to the Town Clerk or his or her designee for appropriate fingerprinting of said applicant, and such completed fingerprint card shall thereafter be forwarded by the Town Clerk or his or her designee to the New York State Division of Criminal Justice Services for a full search.
Affidavit from NYS Licensed Doctor	Affidavit from a doctor licensed to practice medicine in the State of New York stating that said doctor has thoroughly examined the applicant within 30 days of the application, and that said applicant demonstrates no affliction of any physical or mental disease or infirmity which might make him or her an unsafe or unsatisfactory license holder and no drug or alcohol dependency or use other than by prescription, together with results of blood testing. If prescription medication, that the medication will not impair the ability to drive or operate a limousine or taxi.
NYS Defensive Driving Certification	Proof that the applicant is the holder of a certificate of completion for the required hours of instruction in a defensive driving course from a school, facility or agency certified by the New York State Department of Motor Vehicles. The Course must have been completed within six months prior to the date of application.
Fleet No. Information	Provide the fleet number of each vehicle, if applicable.
Vehicle Inspection Cert.	A copy of the current, valid New York State inspection certificate for said vehicle.
Titles and Registration of Vehicles	Copies of the current, valid title and New York State Vehicle Registration (indicating make, type, seating capacity, registration number, vehicle identification number and license plate number) for said vehicle.
Criminal Background Check	\$65.00 fee, Payable by certified check made out to: NYS Office of Court Administration
Application Fee	\$500.00 fee, Payable by certified check or Money Order made out to: Town of Babylon
Vehicle Registration Fee	\$100.00 fee per vehicle, Payable by certified check or Money Order made out to: Town of Babylon

For Office Use Only:	
Date: _____	Received by: _____
Time: _____	License#: _____

TO BE FILLED IN ONLY BY CORPORATION OF LLC/LLP APPLICANTS (attached additional sheets if necessary)

List the names and address or Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Name of Principal	Residence	Social Security #:

Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

___ A. This is an application for an **Individual**

1. Present driver's license
2. Provide 2 photographs and a set of fingerprints

___ B. This is an application for a **Partnership**

1. Present certified copy of partnership certificate filed with Suffolk County clerk
2. Provide 2 photos, government issued photo ID and fingerprints of each partner

___ C. This is an application for a **Domestic Corporation**

1. Present certified copy of the Articles of Incorporation, photocopy of FEIN # and an original resolution authorizing the application
2. Provide the agent for service of process (name, title and address)
3. Provide 2 photos, government issued photo ID and fingerprints of all officers and stockholder's (with 10% of stock or more)

___ D. This is an application for a **Foreign Corporation**

1. Present photocopy of application for authority to do business in NYS and a photocopy of FEIN # and an original resolution authorizing the application
2. Provide the agent for service of process (name, title and address)
3. Provide 2 photos, government issued photo ID and fingerprints of all officers and stockholder's (with 10% of stock or more)

VEHICLE INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Registered Owner: _____
Registration Number: _____ Registration Expiration: _____
Make: _____ Model: _____
Vehicle Identification Number: _____

Registered Owner: _____
Registration Number: _____ Registration Expiration: _____
Make: _____ Model: _____
Vehicle Identification Number: _____

Registered Owner: _____
Registration Number: _____ Registration Expiration: _____
Make: _____ Model: _____
Vehicle Identification Number: _____

Registered Owner: _____
Registration Number: _____ Registration Expiration: _____
Make: _____ Model: _____
Vehicle Identification Number: _____

Registered Owner: _____
Registration Number: _____ Registration Expiration: _____
Make: _____ Model: _____
Vehicle Identification Number: _____

Registered Owner: _____
Registration Number: _____ Registration Expiration: _____
Make: _____ Model: _____
Vehicle Identification Number: _____

Registered Owner: _____
Registration Number: _____ Registration Expiration: _____
Make: _____ Model: _____
Vehicle Identification Number: _____

Registered Owner: _____
Registration Number: _____ Registration Expiration: _____
Make: _____ Model: _____
Vehicle Identification Number: _____

*Attach additional sheets if necessary

CRIMINAL BACKGROUND CHECK

For the Purposes conducting a criminal background check this form **MUST** be completed
A fee of \$65.00 must be received

Name _____			
Last	First	Middle	
Home Address			
Street	City	State	Zip
Date of Birth: _____		Driver License No: _____	
Country or State of Birth: _____		Citizenship _____	
City of Birth _____		Social Security # _____	
Occupation _____		Employer Name _____	
		Phone # _____	
Employer Address			
Street	City	State	Zip
Height _____	Weight _____	Sex _____	Race* _____
			Hair Color _____
			Eye Color _____
*Race: - Circle one of the following which best describes yourself and write your answer on the appropriate line above: Black White Asian Native American Not Listed			
Applicant Signature _____			

1. Have you ever been convicted of any felonies or misdemeanors or violations of any municipal ordinances (except with relation to municipal traffic and/or parking violations)? If yes, provide date(s) and details of those conviction(s) <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2. Have you been convicted of any traffic infractions within the last 18 months? This includes, but is not limited to, misdemeanors, felonies, and conditional discharges. A plea of guilty is the equivalent to a finding of guilty after trial. If yes, you must provide date of conviction, charge, disposition, court date and any other pertinent information: <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3. Do you currently have any criminal charges pending against you? If yes, please provide the details: <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4. Do you have any traffic infractions pending against you? If yes, please provide the details: <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5. Has any DMV, Taxi and/or For-Hire permit held by you been denied, suspended or revoked in any jurisdiction: This includes, but is not limited to, Suffolk County, Nassau County, and New York City. If yes, you must provide date, agency, charge, disposition, and any other pertinent information <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, all the information is true, correct and complete. I understand that if this application is missing or has incorrect information, my application will be rejected and that any fee I paid will not be refunded. If I want, I can re-apply with corrected application including the required application fees. I also know that under the law, all license applications are public records and may be disclosed, including this application and all other documents and information filed with it; and I understand and agree that the Town of Babylon may verify any documents and information I provide, including verification of my social security number by the Social Security Administration, and Child Support case status if applicable in connection with this application. Applicant further understands that pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

Notarized signature dated not more than 30 days from application submission.

Application Date: _____ Signed _____
Applicant's Signature

State of New York Sworn to before this _____ day of _____, 20__

County of _____)ss:

Notary Public Signature