

OWNER / OPERATOR TAXI CAB LICENSE APPLICATION

If you are applying for a Taxi Cab Owner / Operator license for operation within the City of Ogdensburg, NY, please complete this form, return to the City Clerk's Office with the \$50.00 fee per taxi cab, have your name notarized, and attach copies of all pertinent insurance information. Incomplete or vague applications will be returned. After the completed application is received by the City Clerk's office, the Police Department will review the application. The applicant can expect a minimum of a 24-hour turn around.

Name of applicant _____

Address of applicant _____

Phone number _____

Date and place of birth _____

Insurance Company and Policy Number _____

Agent _____

Will you also be the driver and operator? Yes _____ No _____

Is your taxi radio equipped? Yes _____ No _____ FCC License # _____

Number of vehicles to be licensed for your taxicab operation _____

Where will your taxicabs be dispatched from? _____

Is this your residence? Yes _____ No _____

Please list vehicles to be used:

Year	Make	Body Type	Color	NY registration #	Expiration Date
------	------	-----------	-------	-------------------	-----------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have all vehicles been inspected by NYS? Yes _____ No _____

Have you ever had your vehicle registration suspended or revoked by the NYS Department of Motor Vehicles? Yes _____ No _____

I am the owner of the above-listed vehicles. Yes _____ No _____

State of New York)
County of St. Lawrence) SS
City of Ogdensburg)

I, _____ do hereby certify that the information given on this application is true and correct; that registrations for the above-listed vehicles are not currently under suspension or revocation; and that all vehicles listed above are fully equipped, registered and insured in accordance with the requirements of NYS Vehicle and Traffic Law. I have read the foregoing application and know the contents thereof, and do declare, subject to penalties of perjury, that statements and answers made herein, including statements made in accompanying papers or documents, have been examined by me and are true and correct to the best of my knowledge. By signing this document, I understand that I grant permission to the Ogdensburg Police Department to confirm insurance coverage with my carrier.

Signature of applicant _____

To the applicant – please be sure that you have included the appropriate fee, a copy of all the insurance ID cards, and a copy of all vehicle registration cards. In addition to providing a copy of all the insurance ID cards, you must report any and all changes to insurance coverage or carrier to the City Clerk’s Office. The changes will be reviewed by the Ogdensburg Police Department.

Sworn to me on this _____ day of
_____, 20____.

This application has been _____ Approved _____ Disapproved

Signature of Police Chief _____