

APPLICATION FOR LICENSE OF TAXICAB VEHICLE VILLAGE OF ILION

Owner's Name: _____ Age: _____ - D.O.B: _____

Owner's Home Address: _____

Name of Business and Address of Business: _____

Previous experience in the Taxicab business, if any, and short statement regarding the same:
____ Years ____ Months

Has your license to operate a Taxicab ever been suspended or revoked? _____ (If so, state when and why)

Name of Person in charge/control of Taxicab: _____

Home address of person in charge/control: _____

Previous experience of person in Charge in the Taxicab business, if any, and short statement regarding the same i.e. when, where and how long: _____

THE APPLICANT MUST SUMMIT PROOF OF INSURANCE DEMONSTRATING THE MINIMAL PER VEHICLE LIABILITY COVERAGE OF \$50,000 PER PERSON AND \$100,000 PER ACCIDENT; THAT THE INSURANCE SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE LICENSED PERIOD; AND THE POLICY MUST SPECIFY THAT THE VILLAGE SHALL RECEIVE 10-DAYS NOTICE PRIOR TO CANCELLATION OF THE POLICY.

Name and telephone number of Insurance Agent _____

Name and telephone number of Insurance Carrier _____

DESCRIPTION OF VEHICLE

Year: _____ Make : _____ Model: _____ Seating Capacity: _____ NYS Plate #: _____

Color: _____ V.I.N. #: _____ Registration Date: _____ Date last inspected _____ **

** Vehicle must be inspected and certified as being in good mechanical condition by a NYS accredited garage within 30-days prior to this application date, and proof of periodic recertification must be submitted to the Village every 60-days.

The Village reserves the right to request additional information from the Applicant which the Village deems necessary.

NO LICENSE WILL BE GRANTED TO FIRST TIME APPLICANTS WITHOUT HAVING BEEN FINGERPRINTED AND A BACKGROUND INVESTIGATION COMPLETED. FOR ALL APPLICANTS YOUR SIGNATURE BELOW CERTIFIES THAT INFORMATION PROVIDED ON THIS APPLICATION IS TRUE A STATED. FURTHER, SAID SIGNATURE INDICATES YOUR UNDERSTANDING AND AUTHORIZATION FOR THE POLICE DEPARTMENT TO CONDUCT A BACKGROUND INVESTIGATION REQUIRED UNDER THE APPLICATION.

Applicant's Signature

Subscribed and sworn to me this _____
Day of _____ 20 _____

Disposition and Fine

Court and Location

Approved or Disapproved _____ Police Chief

1. Right Thumb	2. Right Index Finger	3 Right Middle Finger	4. Right Ring Finger	5. Right Little Finger
6. Left Thumb	7. Left index Finger	8. Left Middle Finger	9. Left Ring Finger	10. Left Little Finger

Prints taken by _____ Department _____ Date _____

Subject's Signature _____

Name of Applicant: _____

This is a new application _____

This is a renewal application _____