



Gerald D. Jennings
Mayor

Office of the City Clerk
City Hall - Room 202
Albany, New York 12207
Phone (518) 434-5090 Fax (518) 434-5081

John C. Marsolais
City Clerk

TAXICAB LICENSE APPLICATION

NEW LICENSE FEE PAID: \$75.00

RENEWAL FEE PAID: \$100.00

REPLACEMENT FEE PAID: \$25.00

Clerk Initials: _____

Date: _____

IMPORTANT NOTICE

False replies to any of the questions herein under the law constitutes perjury, detection of such falsity will result in refusal of license or, if granted, in revocation of same.

The following application must be properly filled out and all questions answered.

Full Name (printed): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Age: _____ Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Complexion: _____ Eye Color: _____ Hair Color: _____

Social Security Number: _____ By Whom Employed: _____

If operating own taxicab please give:

Medallion number: _____

Vehicle registration number: _____

Chauffeur's License Number: _____

Marital Status (circle one): Married Single

Sex (circle one): Male Female

**Application must be accompanied by
3 pictures taken within 30 days of
date of application.
Pictures must be this size**

Date of pictures _____

I the undersigned, hereby apply for a PUBLIC TAXICAB DRIVER'S LICENSE to drive a Taxicab in the City of Albany, NY and for that purpose file the attached photograph and description of myself, and give the following answers to the questions contained in this application.

1. Are you a naturalized citizen of the United States, or have you declared your intention to become one? (State which, giving date of naturalization and the court in which papers were filed. _____

2. Have you ever served in the army, navy, or militia, of this or any other country? Yes No If yes, where? _____

3. Were you ever convicted of any crime or traffic offense? Yes No If so, give charges and disposition (explain). _____

4. Have you been in an automobile accident(s) resulting in injury to yourself or any other party? Yes No If so, give date and location. _____

5. Are you addicted to intoxicating liquors as a beverage, or any narcotic drugs? Yes No Explain: _____

6. Have you ever filed an application for a Taxicab Driver's License? Yes No If so, state when, where, and with what result. _____

7. Has any taxicab driver's, chauffeurs, or operator's license issued to you by the City of Albany or the State of New York ever been suspended or revoked? Yes No If so, give particulars. _____

8. Have you any physical or mental defects or infirmity, of which you are aware, that would in any way interfere with the proper operation and control by you of a motor vehicle. Yes No If so, explain: _____

9. Where have you lived for the last three (3) years?

YEAR	ADDRESS	CITY OR TOWN	RESIDED WITH

10. Give the names and addresses of your employers, and your occupation, for the past five years.

YEAR	EMPLOYER	ADDRESS	OCCUPATION

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 or nature may be made by the City of Albany or any department thereon 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.

The applicant further agrees that he will conform to all applicable laws, ordinances and the rules and regulations of the Police Department governing public Taxicab licenses.

Notice: False statements made herein are punishable as a class "A" misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York.

STATE OF NEW YORK
City of Albany, County of Albany

_____, being duly sworn, deposes and says that he is the individual making the foregoing application for a Taxicab Driver's License; that the answers to the foregoing questions and other statements contained therein are true of his /her own knowledge.

Sworn before me, this _____
day of _____, 20_____.

(Notary Public or Commissioner of Deeds)

Signature of Applicant

Date