

**VILLAGE OF LIBERTY
TAXICAB PERMIT APPLICATION**

JUNE 1, _____ TO MAY 31, _____

ORIGINAL APPLICATION: ()
RENEWAL APPLICATION: ()

DATE RECEIVED: _____

TAXI COMPANY NAME: _____

APPLICANTS NAME/OWNER OF VEHICLE: _____

APPLICANTS HOME ADDRESS: _____

APPLICANTS PHONE #: HOME: _____ BUSINESS: _____

APPLICANTS DATE OF BIRTH: _____ SOC. SEC. #: _____

APPLICANTS DRIVERS LICENSE #: _____ CLASS: _____

IF RENEWAL APPLICATION, PREVIOUS YEARS TAXI PERMIT #: _____

HOW LONG HAVE YOU LIVED IN LIBERTY?: _____

HAVE YOU BEEN CONVICTED OF ANY CRIME IN THE PAST FIVE YEARS?: _____
(IF YES, GIVE CIRCUMSTANCES ON REAR OF THIS FORM)

IF TAXI LICENSE ISSUED, FROM WHAT LOCATION WILL YOU OPERATE FROM?: _____

MAKE OF VEHICLE: _____ YEAR: _____ MODEL: _____

N.Y. REGISTRATION #: _____ VIN #: _____

INSURANCE CARRIER: _____ POLICY #: _____

SIGNATURE OF APPLICANT: _____

RECOMMENDATION BY CHIEF OF POLICE: APPROVED () DISAPPROVED ()

SIGNATURE: _____ DATE: _____

VILLAGE BOARD ACTION: APPROVED () DISAPPROVED ()

DATE ACTED UPON: _____

VILLAGE CLERK ACTION:

VILLAGE TAXI LICENSE NUMBER ISSUED: _____ DATE: _____

TAXICAB PERMIT APPLICATION
(ADDITIONAL INFORMATION)

1) If Taxi will not be operating out of an existing Taxi Company or location how will you receive calls for service?: _____

2) If Taxi is to operate from existing Taxi Stand or Cooperative Taxi Company has permission been granted from the existing Taxi Stand/Coop, Operator(s)?: _____ A letter must be supplied granting such operation.

3) If a new taxi stand or taxi parking area will be requested, where will the location be?: _____

NOTE: This parking area or stand must be approved by the Village Board of Trustees.

4) If Taxi License is granted, how many days per week would you anticipate operating? _____ days and approximate hours per day you or Taxi would operate _____ hours per day.

Signature

Date

