

**VILLAGE OF LIBERTY  
MEDICAL 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 MEDICAL 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: \_\_\_\_\_**

**MEDICAL 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**

