

OWNER'S LICENSE NO. 2017 - 0 _____
DRIVER'S LICENSE NO. 2017 - 0 _____

DRIVER'S FEE: \$25.00
OWNER'S FEE: Will Vary

LICENSE EXPIRES: **June 30, 2018**

TAXI CAB OWNER'S / DRIVER'S LICENSE APPLICATION – NON-TRANSFERABLE

1. **NEW APPLICANTS, ONLY:** approved background check completed by the Town of Cheektowaga Police Department at a cost of \$10.00.
2. One (1) current individual 2"x2" color photograph. No other photographs will be accepted. We reserve the right not to use a supplied picture should it be deemed unusable.
3. Current New York State Driver's License
4. **Owner's Only:** Attachment "A" and a Current New York State Certificate of Liability with the minimum limits **AND the VIN, AND the Town of Cheektowaga** as certificate holder. **Certificates of Liability must be presented at time of permitting/registering.**
5. Fee paid either by cash, check or credit card (No AMEX)
6. **The current Town of Cheektowaga Taxi: Ordinances, Laws, Amendments, and requirements are in effect but are "Subject To Change Without Notice".**

I, _____ hereby apply for a Taxi Cab Owner's / Driver's License engaged
(Applicant, please legibly PRINT your name)

in the business of carrying passengers for hire, having a seating capacity of less than eight (8) persons, and not operated on a fixed route pursuant to Local Law No. 2 of 2014, upon the infrastructure of the Town of Cheektowaga, Erie County, New York.

APPLICANT PHONE NUMBER: () _____ COMPANY NAME: _____

COMPANY PHONE NUMBER: () _____

COMPANY ADDRESS: _____

Are you a citizen of the United States? Yes If No, what is the citizenship? _____
(Street) (City/Town) (State) (Zip Code)

Have you ever been convicted of any misdemeanors/felonies? No If Yes:
Where: _____ When: _____

What offense(s): _____ Time of suspension/punishment: _____

Punishment/penalty incurred: _____

Over the last eighteen (18) months, have you been convicted of any violation of any Traffic Law, Ordinance or Regulation, Misdemeanors, or Felonies? NO Yes...if yes, please list violations below:

- _____
- _____

Are there any unpaid judgements over \$1000.00 against you? No If Yes, state the nature of the transaction(s) _____

Date of judgement _____ Location of judgement: _____

List your last three (3) employers:

- _____
- _____
- _____

By signing below, I hereby affirm, under penalties of perjury, that I have examined and reviewed the information in this application and affirm that all statements contained therein are true of my own knowledge. I also acknowledge and understand that any false statement(s) submitted is punishable under the law and may result in a denial of an application or the suspension or revocation of an existing license.

Applicant's Signature

Date