

OWNER'S LICENSE NO. 2018 - _____
DRIVER'S LICENSE NO. 2018 - _____

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

LICENSE EXPIRES: June 30, 2019

TOWN CLERK'S USE, ONLY

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

Requirements:

- 1. NEW APPLICANTS ONLY:** Need an 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. We reserve the right not to use a supplied picture if deemed unusable. We charge \$10.00 for photos needed here in the Town Clerks Office.
3. Current New York State Driver's License
4. **Owner's Only:** Provide completed Attachment "A" and a Current New York State Certificate of Liability with the minimum limits, the **VIN #'s**, **AND the Town of Cheektowaga** as certificate holder. **Certificates of Liability must be present at time of permitting/registering.**
5. The Town Clerks Office accepts the following payment types: Cash, Check or Credit Card.
6. ***The current Town of Cheektowaga Taxi: Ordinances, Laws, Amendments, and requirements are in effect but are "Subject To Change without Notice".***

Any driver who fails to renew Driver's Permit within 30 days of expiration * will be required to have a full and complete Cheektowaga Police Department check at a cost of \$10.00 (added 5-4-2015 by L.L. NO. 3-2015) *** after July 30, 2019**

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: _____

(Street) (City/Town) (State) (Zip Code)

Are you a citizen of the United States? Yes If No, what is the citizenship? _____

Have you, the applicant ever been convicted of a misdemeanor/felony? No Yes If Yes complete below:

Where: _____ When: _____

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

Punishment/penalty incurred _____

In 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 Yes 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

Date