



OFFICE OF THE CITY CLERK
ROME CITY HALL, 198 N. WASHINGTON ST.
ROME, NEW YORK 13440-5815
TEL.: (315) 339-7659 FAX: (315) 838-1160
WWW.ROMENEWYORK.COM

TAXICAB BUSINESS LICENSE APPLICATION

**APPLICANT MUST PROVIDE ADEQUATE PROOFS OF INSURANCE FOR EACH
AUTOMOBILE, GENERAL COMMERCIAL LIABILITY, AND WORKERS'
COMPENSATION.**

Name of **APPLICANT** (include Maiden Name): _____
Permanent Address: _____
Phone: _____ Email: _____
Place & Date of Birth: _____
Social Security Number: _____ - _____ - _____ Male: _____ Female: _____
Do you possess a current valid driver license? _____
Driver License ID No.: _____ State Issued: _____

Name of **BUSINESS** to be licensed hereunder: _____
Business Address: _____
Business Phone: _____
Location of places where Applicant has been in business during past six (6) months:

List three (3) character references **(not relatives or co-workers)** that have known you for a period of at least one year:

Name: _____
Address: _____
Home Phone: _____ Business Phone: _____
Occupation: _____
Nature of acquaintance: _____

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Address: _____
Home Phone: _____ Business Phone: _____
Occupation: _____
Nature of acquaintance: _____

Name: _____
Address: _____
Home Phone: _____ Business Phone: _____
Occupation: _____
Nature of acquaintance: _____

SIGNATURE

I certify under penalty of perjury that I have personally answered all the questions contained herein and that the information provided by me is true and complete to the best of my knowledge.

I have read the foregoing and understand that false statements made herein are punishable as a Class "A" Misdemeanor pursuant to Section 210 of the New York State Penal Law.

Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public / Commissioner of Deeds

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FOR INTERNAL USE ONLY

ROME POLICE DEPARTMENT VERIFICATION

The credentials of the applicant(s), principal(s) and/or partner(s) of the business have been checked by the Rome Police Department, and based upon the information provided, the license is:

- Approved
- Disapproved

The applicant was not approved for the following reason(s)

Signature Title Date

CITY CLERK LICENSING INFORMATION

Annual License Fee: \$25.00

Amount Paid: _____

License No.: _____

Date License Issued: _____

Date License Expires: _____

City Clerk Signature

Date