

**VILLAGE OF MALONE NEW YORK  
APPLICATION FOR TAXI DRIVERS LICENSE**

LAST NAME		FIRST NAME	INITIAL
STREET		TOWN/VILLAGE	STATE
DOB	PHONE #	SOCIAL SECURITY #	DRIVERS LICENSE #
CLASS	EXPIRATION DATE		CITIZEN OF USA

- |   |                   |    |
|---|-------------------|----|
|   | <b>CIRCLE ONE</b> |    |
| 1. HAVE YOU HAD A PHYSICAL IN WITHIN THE LAST 2 YEARS. COPY MUST BE ATTACHED.   | YES               | NO |
| 2. HAVE YOU EVER BEEN ARREST FOR ANY REASON. IF YES YOU MUST LIST CHARGES ON BACK OF FORM.  | YES               | NO |
| 3. HAVE YOU EVER BEEN ISSUED TICKETS FOR V&T LAWS. IF YES YOU MUST LIST THEM ON THE BACK.   | YES               | NO |
| 4. HAVE YOU HAD YOUR TAXI OR DRIVERS LICENSE SUSPENDED OR REVOKED WITHIN THE LAST 3 YEARS FOR ANY REASON. IF YES LIST REASON ON BACK. | YES               | NO |

**DECLARATION**

I declare subject to penalties of perjury, that the statements made in this application to the best of my knowledge and belief are true and correct.

**\*\*\***

**IF ANY OF THIS INFORMATION IS FOUND TO BE FALSE OR INTENTIONALLY LEFT INCOMPLETE YOUR APPLICATION WILL BE DENIED AND YOU WILL NOT BE ELIGIBLE TO RE-APPLY FOR A MINIMUM OF 1 YEAR.**

DATED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

DO NOT FILL IN BELOW THIS LINE FOR OFFICIAL US ONLY

APPROVED BY:	TITLE		
DISAPPROVED BY:	TITLE		
DATE	NEW	RENEWAL	NUMBER

