

**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

- | | | |
|---|-------------------|----|
| | CIRCLE ONE | |
| 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

Village of Malone, New York
Application To Operate A Taxi Stand

Name _____
Address _____

Date _____
Name of Business _____

Location of proposed business _____

Do you own _____ or rent _____ ? If the building is rented, from whom do you rent? _____

Number of vehicles to be utilized as taxi-cabs _____

Hours of operation _____

Upon issuance of a license to operate a taxi stand, it is fully understood the Village of Malone, New York, has the right to inspect the premises and vehicles used in the taxi service at any reasonable time to insure that all rules, regulations and laws are being observed.

I understand that my authorization to operate a taxi stand is subject to compliance with all ordinances and local laws of this Village, specifically including the Zoning Law.

Applicant Signature

Police Dept reviewer _____ Approval _____ Disapproval _____

Date _____ Reason for disapproval _____

Zoning designation _____ Date _____

Provisions for parking acceptable _____ unacceptable _____

Building Code Inspector _____ Date _____

Building Code/Zoning approval _____ disapproval _____
Reason(s) for disapproval _____
