

Village of Malone
14 Elm Street
Malone, NY 12953
518-483-4570
Taxi Driver's License Application

Date of Application: _____ **Date Issued:** _____

New Application **Renewal Application** **Fee: \$25.00 (Non-refundable)**

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Phone: _____

DOB: _____ SS #: _____ Driver's License#: _____
(attach copy)

Class: _____ Expiration Date: _____ Citizen of USA **Yes** **No**

Name of Business to be Licensed Under: _____

1. Have you had a physical within the last two years? Copy must be attached. **Yes** **No**

2. Have you ever been arrested and/or convicted of any crimes or are there any criminal charges pending at this time? If yes, you must list charges on back of form. **Yes** **No**

3. Have you ever been convicted of any violations for vehicle and traffic laws, been involved in a MVA, or convicted of a DWI or DWAI? If yes, you must list charges on back of form. **Yes** **No**

4. Have you had your taxi or driver's license suspended or revoked within the last three years for any reason? If yes, list reason on back of form. **Yes** **No**

DECLARATION

I declare subject to penalties of perjury, that the statements made in this application to the best of my knowledge and beliefs 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 one year.

Date: _____ Signature of Applicant: _____

ADMINISTRATIVE USE ONLY

Date Application Received: _____ Fee Paid: _____ Receipt #: _____

Date Application Received by Police Department: _____

Background Check Completed By: _____

Officer Recommends: Approval Denial

Reason for Denial: _____

Signature of Officer: _____ Date: _____