

LICENSE NO: _____

LICENSE FEE: \$50.00

TAXI DRIVER

DATE ISSUED: _____

RECEIPT NO: _____



City of Long Beach
Office of the City Clerk
1 West Chester Street, Long Beach, NY 11561 • (516) 431-1002

APPLICATION FOR TAXICAB DRIVER'S / CONTRACT TRANSPORTER'S LICENSE

PLEASE PRINT

- **INCOMPLETE FORMS WILL BE REJECTED – ALL SECTIONS MUST BE COMPLETED •**
- **ANY FALSE ANSWER OR STATEMENT MADE BY THE APPLICANT HEREIN CONSTITUTES PERJURY •**

CHECK ONE:
 NEW
 RENEWAL

FULL NAME (AS PER DRIVER'S LICENSE)

LEGAL ADDRESS

TELEPHONE NUMBER: _____ EMAIL: _____

AGE: _____ WEIGHT: _____ HEIGHT: _____ EYEGLASSES: _____ HAIR COLOR: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ARE YOU A CITIZEN OF THE UNITED STATES? IF NATURALIZED CITIZEN, DATE OF NATURALIZATION: COURT OF NATURALIZATION:

YES NO If no, attach copy of Right to Work Card

DRIVING BACKGROUND

LICENSE CLASS: _____ NYS CHAUFFEUR LICENSE NUMBER: _____ EXPIRATION DATE: _____

A B C E

IF THE APPLICANT MAKING THIS APPLICATION HAS EVER HAD ANY LICENSE SUSPENDED OR REVOKED, SUCH FACTS MUST BE STATED BELOW IN FULL. INCLUDE ANY OTHER CITY OR STATE. IF NONE, SO STATE:

REVOCATION/SUSPENSION

REASON

EMPLOYMENT HISTORY

EMPLOYED BY (NAME OF COMPANY): _____ DATE OF EMPLOYMENT: _____

PLEASE LIST EMPLOYERS FROM THE LAST 10 YEARS:

EMPLOYER

ADDRESS

TYPE OF WORK / DATES

CRIMINAL RECORD

IF THE APPLICANT MAKING THIS APPLICATION HAS EVER BEEN ARRESTED OR SUMMONED FOR ANY OFFENSE, INCLUDING TRAFFIC VIOLATIONS, SUCH FACTS MUST BE STATED BELOW IN FULL. IF NONE, SO STATE:

DATE

CHARGE

DISPOSITION

PHYSICIAN'S REPORT

Has the applicant any evidence of disease of the heart or blood vessels? YES NO

Habits-Use of Stimulants, Tobacco & Narcotic Drugs? _____

Has the applicant any indications of disease of the organs of respiration or their appendages? _____

Is applicant's sight acceptable? _____ Is applicant's hearing acceptable? _____

Are the functions of the brain and nervous system in a healthy state? _____

Has the brain or spinal cord ever been diseased? _____

If the applicant has had any serious illness or injury, state expressly what effect, if any, is perceptible in the heart, lungs, kidneys, or other abdominal organs, or the eyes, ears, limbs, etc.? _____

THIS IS TO CERTIFY THAT I HAVE EXAMINED _____
THE APPLICANT NAMED IN THE WITHIN APPLICATION AND CERTIFY THAT IN MY OPINION, HE/SHE
(IS) _____ (IS NOT) _____ MENTALLY AND PHYSICALLY FIT TO SAFELY OPERATE AND DRIVE A PUBLIC TAXICAB OR
CONTRACT TRANSPORTER'S VEHICLE.

NAME OF PHYSICIAN: _____

SIGNATURE OF PHYSICIAN: _____

ADDRESS: _____

APPLICANT CERTIFICATION

IN CONSIDERATION OF THE GRANTING OF THE LICENSE HEREBY CALLED FOR, THE APPLICANT AGREES THAT SERVICE OF ANY PAPER, NOTICE, LETTER, SUMMONS, COMPLAINT OR LEGAL PROCESS OF ANY KIND OR NATURE MAY BE MADE BY THE CITY OF LONG BEACH, OR ANY DEPARTMENT THEREOF, UPON THE PERSON TO WHOM SUCH LICENSE IS ISSUED, BY LEAVING A COPY OF ANY SUCH PAPER, NOTICE, LETTER, SUMMONS, COMPLAINT OR LEGAL PROCESS TO THE ADDRESS HEREWITH GIVEN, AND IT IS FURTHER AGREED BY THE APPLICANT THAT HE/SHE WILL CONFORM WITH ALL THE RULES AND REGULATIONS OF THE POLICE DEPARTMENT GOVERNING TAXICABS.

NOTICE: ANY FALSE STATEMENT MADE ON THIS FORM IS PUNISHIBLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

(APPLICANT)

STATE OF NEW YORK
COUNTY OF NASSAU) ss:

_____ BEING DULY SWORN, DEPOSES AND SAYS THAT HE IS THE PERSON DESCRIBED IN AND
MAKES THE FOREGOING APPLICATION FOR A TAXICAB DRIVER'S LICENSE OR CONTRACT TRANSPORTER DRIVER'S LICENSE, AND THAT THE
ANSWERS TO QUESTIONS AND OTHER STATEMENTS CONTAINED THEREIN ARE TRUE OF HIS OWN KNOWLEDGE AND BELIEF.

SWORN TO BEFORE ME THIS _____

DAY OF _____, 20_____

(APPLICANT)

NOTARY PUBLIC

POLICE DEPARTMENT APPROVAL

THE UNDERSIGNED HEREBY APPROVES _____ DISAPPROVES _____ THE FOREGOING APPLICATION.

HACK INSPECTOR, CITY OF LONG BEACH

DATED: _____

BY: _____