ARCHIVE STANDARD	Village of Amityville 21 Ireland Place, Amityville, NY 1 Phone: (631) 264-6000 Fax: (631)	
		XICAB COMPANY LICENSE
		Fee: \$200 per cab Receipt No Date
		Transfer (Fee: \$100 per cab) Replacement (Fee: \$100 per cab er photo ID to application *
Name of Applica	nt:	Telephone No:
Name of Compar	ny:	
Address:		
Vehicles to be ga	raged at:	
* *		are the partners or officers citizens of the United States? Yes \Box No \Box
For Corporation		
State of I	ncorporation:	Date of Incorporation:
	NAME	ADDRESS
President Vice-President Secretary Freasurer		
For Partnership	s Only	
List names and ad NAME	ddresses of owners:	<u>ADDRESS</u>
For Individual F	Proprietorships	
List name and ad	dress of owner:	
NAME		ADDRESS
How many vehic How many vehic How many vehic	les are presently operated? les are presently owned? les, owned by others, are operated by le Licenses requested?	the applicant?
Has the applican felonies or misd		applicant ever been convicted of any



Village of Amityville 21 Ireland Place, Amityville, NY 11701

Application for: TAXICAB COMPANY LICENSE (page 2)

In consideration of the granting of the License hereby applied 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 Village of Amityville, or any Department, thereof, upon the person to whom such License is issued by leaving a copy or any such Paper, Notice, Letter, Summons, Complaint or Legal Process at the address herewith given and it is further agreed by the applicants that they will conform with all rules and regulations of the Village of Amityville governing Taxicabs and Taxicab Drivers.

Applicant's Signature

STATE OF NEW YORK, COUNTY OF SUFFOLK:

	, t	being duly sworn, deposes a	nd says that he/she is		
Name of Applicant		Title			
makes the said application on be	half of said entity; t	that the answers to question	bing application for a license, and that he/she s and other statements contained therein are application, for an on behalf of the said entity.		
Sworn to before me this	day of	,20	Name of Applicant		
Notary Public					
	PUNISHABL	E BY A FINE OR IMPRISO =			
Date application was received:					
PoliceDepartment:					
Action of the Board of Trustees:	Approved 🗌 🛛	Disapproved 🗌 Approved	with Stipulations		
Meeting Date: License No		on:			



Village of Amityville 21 Ireland Place, Amityville, NY 11701 Phone: (631) 264-6000 Fax: (631) 598-0363

Application for: <u>TAXICAB COMPANY LICENSE (page 3)</u>

DESCRIPTION OF VEHICLES TO BE LICENSED

Year and Make	Motor or Ident. #	NYS License	No. of Passengers	Previous Taxi License	Office Use



Application for: <u>TAXICAB COMPANY LICENSE (page 4)</u>

LIST OF TAXI CAB DRIVERS