

Approved by Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

City of Plattsburgh, New York  
Application for Taxicab Business License

To the City Clerk

Application is hereby made for a license permitting operation of taxicabs on the streets of the City of Plattsburgh, NY.

**Company Information:**

Company Name (DBA): \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_

**Company Owner Information:**

Have you ever been arrest?     Yes     No

If so; what for and were you convicted? \_\_\_\_\_

Do you hold a valid NYS License as per section 501 of the Vehicle and Traffic Laws (Class E or C)?

Yes     No

License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Length of Residence in NYS: \_\_\_\_\_

Has your license ever been suspended or revoked?     Yes     No

If so, please provide date, why, and where:

\_\_\_\_\_

**Car Information**

This application is made for:

Make of Car: \_\_\_\_\_ Year: \_\_\_\_\_

VIN Number: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

NYS License Plate #: \_\_\_\_\_

Taxicab Owners Name: \_\_\_\_\_ Owners DOB: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Office Use Only\*\***

Date Received: \_\_\_\_\_

Approved     Disapproved

Taxi License #: \_\_\_\_\_ for the period \_\_\_\_\_ to \_\_\_\_\_  
Issued this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
City Clerk