

Taxicab Application
City of Rome

License Number _____

Date of Application _____

RENEWAL APPLICATION

NEW APPLICATION

Date Issued _____

* GENERAL INFORMATION *

- 1. Renewal Applications are due on or before February 1, of each year. Application renewal fee is \$10.00 (non-refundable) will be paid to City Clerk's Office upon receipt of renewal application. No initial application fee on yearly renewals. (Applications will not be accepted for processing without renewal fee.)
2. Initial application fee of \$25.00 (non-refundable) due when application is turned into the City Clerk's Office for processing - CASH OR MONEY ORDER ONLY. (Applications will not be accepted for processing without application fee.)
3. Taxicab License Fee of \$10.00 (in addition to initial application fee) will be paid to the City Clerk when applicant receives his/her Taxicab License - CASH OR MONEY ORDER only.
4. Applicant will furnish three (3) photos, taken within thirty (30) days, with completed application (initial and renewal) and also have the Class "E" Endorsement to their New York State Driver's License, (photocopy of N.Y. State Driver's License will be acceptable).

* IMPORTANT *

False replies to any of the questions herein under the law constitutes perjury will result in refusal of license, or, if granted, revocation of same and could result in prosecution.

_____ (Applicant's Initials)

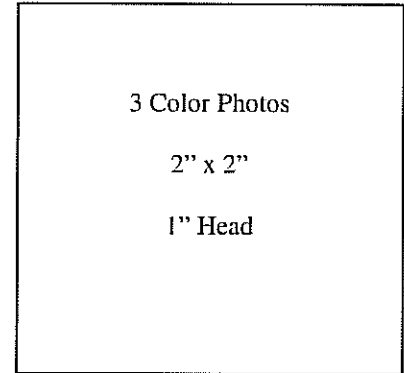
The following application must be properly filled out and all questions therein answered. Attach a copy of your present New York State Operator's License to this application.

PLEASE PRINT

Name _____ Address _____ Telephone _____
Age _____ Date of Birth _____ Height _____ ft. _____ inches Weight _____ Color Hair _____ Color Eyes _____
Complexion _____ Build _____ Scars or marks _____ Citizen of: (country) _____ Sex _____
Race (opt.) _____ NYS Driver's License Number _____ Social Security Number _____

PART A
PERSONAL HISTORY

I, THE UNDERSIGNED, HEREBY APPLY TO THE TAXICAB COMMITTEE, CITY OF ROME FOR A LICENSE TO DRIVE A TAXICAB IN THE CITY OF ROME AND FOR THAT PURPOSE FILE THE ADJACENT PHOTOGRAPH AND ABOVE DESCRIPTION OF MYSELF AND GIVE THE FOLLOWING ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATION:



- 1. Place of Birth _____
2. Are you a resident of the United States _____ How Long _____
Are you a resident of the City of Rome _____ How Long _____
3. Are you a naturalized citizen of the United States Yes _____ No _____
Have you declared your intention to become one Yes _____ No _____
(give date and the Court in which papers were filed _____)
4a. Have you ever served in the armed forces of this or any other country - give particulars _____
4b. If so, date and type of discharge or separation _____
5. Are you currently taking any medications, pursuant to a prescription by a physician? If yes, explain _____
6. Are you now the holder of, any interest in or member of a partnership or corporation holding any license issued by the City of Rome - If so, give particulars _____
7. How long have you been a NY State (or any other state) licensed chauffeur or operator _____
8. Have you ever before filed an application for Taxicab Owner or Taxicab Driver _____ If so, state when and where _____

9. Has any license heretofore issued to you by the City of Rome ever been suspended or revoked _____. If so, give particulars _____

10. Have you any physical or mental defects or infirmity, of which you are aware, that would in any way interfere with the proper operation and control by you of a motor vehicle _____

10b. Any corrective lenses (eye glasses etc.) _____ If so, date of last eye exam _____

11. Where have you lived for the past five (5) years:

<u>Year (s)</u>	<u>Address</u>	<u>City</u>

12. Give the names and addresses of your employers, and your occupation, for the last five (5) years:

<u>Year</u>	<u>Address</u>	<u>Employer's Address & Phone</u>	<u>Occupation</u>	<u>Reason For Leaving</u>

**PART B
REFERENCES**

14. List two (2) character references (not relatives) who have known you for a period of at least five (5) years.

Name _____
Address _____
Home Phone _____ Business Phone _____
Occupation _____
Nature of Acquaintance _____

Name _____
Address _____
Home Phone _____ Business Phone _____
Occupation _____
Nature of Acquaintance _____

Affidavits are to be completed in full and signed by a Notary Public or Commissioner of Deeds

**PART C
CRIMINAL HISTORY**

16. Has the applicant ever been convicted of any crimes or are there any criminal charges pending at this time, please state facts below.
If NONE, so state.

17. Have you been involved in any motor vehicle accidents within the last three (3) years? Yes _____ No _____. If yes, explain: _____

PART E

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review and full disclosure of all records concerning myself to the Rome Police Department and the Rome City Clerk's Office, whether the said records are of public, private or confidential nature.

In connection with my application for a Taxicab License, I hereby release the City of Rome, The City Clerk's Office, the City of Rome Police Department and/or their officers, employees and agents from any liability and responsibility arising from the preparation of a background investigation report.

I authorize all persons, businesses corporations, courts and law enforcement agencies to release information including matters of opinion about my character, ability and past conduct. I authorize these agencies to release such information without restrictions or qualification.

I understand that any information obtained by a personal history background investigation, which is developed in whole or in part; upon this release authorization will be considered in determining my suitability in obtaining a Taxi Cab License.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

**A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN
THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY
SIGNATURE.**

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

Signature of Applicant

Sworn to before me this _____ day
of _____ 20_____.

Notary Public or Commissioner of Deeds