

LOUISE S. GLASSO
City Clerk



CYNTHIA A. DELPIANO
Deputy City Clerk

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**TAXICAB LICENSE DIVISION
ROME, NEW YORK
APPLICATION FOR TAXICAB VEHICLE LICENSE**

Date of Application _____

Name: _____

Address: _____

Telephone No. () _____ Place & Date of Birth _____

Male ___ Female ___ Social Security No. ___ - ___ - ___ Driver License No. _____

Chauffeurs License No.: _____ Previous Employment: _____

Were you ever convicted of a felony _____ Misdemeanor _____ Traffic Offense _____

If yes, give dates & details _____

Has your state or city registration, drivers or taxicab license ever been revoked or suspended _____ If yes, give dates & details _____

List two references, not relatives who have known you for over one year:

Name: _____ Address: _____ Ph. No. _____

Name: _____ Address: _____ Ph. No. _____

Name of your company: _____

Address: _____ Telephone No. _____

Name of person in immediate charge of taxicab (s): _____

Address: _____ Telephone No. _____

**

Make of vehicle _____ Model _____ Year _____ Engine Type _____ Color _____

Seating Capacity: _____ State License No.: _____ Vehicle ID No.: _____

Present Mileage: _____ Was this vehicle ever licensed as a taxicab in Rome: _____

If yes, give last date: _____.

Signature

Subscribed & sworn to before me
this _____ day of _____ 200

Notary/Commissioner of Deeds

