



Broome County Office Building • 44 Hawley Street • P.O. Box 1766 • Binghamton, New York 13902  
(607) 778-2107 • Fax (607) 778-2242 • Website: www.gobroomecounty.com

**APPLICATION FOR TAXICAB VEHICLE LICENSE**

*Pursuant to Section 85-9 of the Local Law of the County of Broome,  
one application must be made for **each** Taxicab vehicle to be licensed.*

*Attach additional documentation as necessary.*

**OWNER INFORMATION**

OWNER ID# \_\_\_\_\_ DATE (mm/dd/yy): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

D.O.B. (mm/dd/yy): \_\_\_\_\_ Phone (home/business/cell): \_\_\_\_\_

D.B.A.: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VEHICLE INFORMATION**

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year: \_\_\_\_\_

Horsepower: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_ Four Door:  YES  NO

Hybrid?:  YES  NO (*Hybrid vehicles must have drive trains powered by both an  
internal combustion engine and rechargeable battery to qualify*)

NYS Vehicle License #: \_\_\_\_\_ Registration #: \_\_\_\_\_

Vehicle Identification #: \_\_\_\_\_

Previously registered as a taxicab?  YES  NO If yes, where? \_\_\_\_\_

Has this vehicle's license to operate as a taxicab ever been revoked or suspended?  
 YES  NO If yes, please explain: \_\_\_\_\_

Expiration Date of current NY State inspection (mm/dd/yy): \_\_\_\_\_

Sticker Number: \_\_\_\_\_

Copy of New York State Vehicle Registration attached?  YES  NO

Certificate of Insurance pursuant to Sec 85-15 attached?  YES  NO

“PURSUANT TO THE PENAL LAW SEC. 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN”

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab license; and that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Subscribed to and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary public or Clerk of Broome County

**OFFICE USE ONLY**

Copy of NY State vehicle registration attached (Full address of the registered owner must be on the DMV registration; P.O. box numbers are **not** acceptable.)

Certificate of Insurance attached (Broome County shall be listed as a certificate holder)

Fee paid Amount: \_\_\_\_\_  Cash  Check Check # \_\_\_\_\_  
(\$ 300.00 for non-hybrid vehicle, \$100.00 for hybrid vehicle)

Processed by \_\_\_\_\_ Date: (mm/dd/yy) \_\_\_\_\_

ATTACH ALL SUPPORTING DOCUMENTATION

Application  Approved  Denied Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Broome County Taxi Lic. # \_\_\_\_\_

Signature of Director of Security: \_\_\_\_\_ Date: \_\_\_\_\_