



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 TO REPLACE VEHICLE LICENSE

I the undersigned do hereby make application for replacement of my County of Broome taxicab vehicle license, pursuant to the relevant provisions of the Local Law of the County of Broome and any amendments thereto. I attest that I am no longer in possession of my vehicle license, or that I am returning same in unacceptable condition, and that the information given on my original application has not changed:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth (mm/dd/yy): _____ Taxi permit # _____

Name & Address of Business : _____

_____ Phone: _____

Date Original Taxi Vehicle License Granted (mm/dd/yy): _____

Broome County Taxicab License #: _____ NYS License # _____

VIN #: _____

Reason for replacement: Lost Destroyed Stolen

Copy of Police Report Attached, if Stolen

Applicant Signature: _____

Date: (mm/dd/yy) _____

“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 replacement of a taxicab vehicle 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 Collected (\$ 25.00) Cash Check Check # _____

Processed By: _____

Date (mm/dd/yy): _____ Duplicate Sent (date): _____

ATTACH ALL SUPPORTING DOCUMENTATION

Approved Denied Reason: _____

Signature of Dir. Of Security: _____ Date: _____