



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

**TAXI BUSINESS OWNER LICENSE APPLICATION**

*Attach additional documentation where necessary.*

**OWNER INFORMATION**

Name of Business Owner: \_\_\_\_\_

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

Phone (home/cell/office): \_\_\_\_\_

D.O.B. (mm/dd/yy): \_\_\_\_\_ U.S. Citizen:  YES  NO - Green Card # \_\_\_\_\_

Has Owner previously been licensed to operate a taxi service?  YES  NO

State / Municipality where former license was issued: \_\_\_\_\_

Has license to operate a taxi service ever been suspended / revoked?  YES  NO

If yes, Explain:

\_\_\_\_\_

\_\_\_\_\_

List any previous experience in the business of owning, furnishing, leasing, operating, driving, repairing, or other enterprise in connection with providing transportation or related services for hire or charge (attach additional papers as necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

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

Contact Person (if other than owner) \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Vehicle Maintenance Facility Name & Address:

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Dispatching Facility Name & Address:

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I do hereby agree to comply with all regulations set forth by the County of Broome in relation to the scope of the license issued herein.

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

Applicant Signature: \_\_\_\_\_

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

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver’s 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**

License Number: \_\_\_\_\_

Worker's compensation Insurance presented and verified:  YES  NO

Copy of established rates of fare attached:  YES  NO

Fee Paid ( \$ 250.00)  Cash  Check Check # \_\_\_\_\_

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

**ATTACH ALL SUPPORTING DOCUMENTATION**

Director of Security:  APPROVED  DENIED Reason: \_\_\_\_\_

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Signature Dir. Of Security: \_\_\_\_\_

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