

Village of Great Neck
 61 Baker Hill Road
 Great Neck, NY. 11023
 (516) 482-0019
 (516) 482-2606 Fax

**TAXICAB
 OWNER LICENSE APPLICATION**

APPLICATION No _____
 PENDING _____
 DATE _____
 APPROVED _____
 DATE _____
 AMOUNT _____

PRINT CLEARLY YOU MUST ANSWER ALL QUESTIONS

Individual Owner	Co-Partnership	Corporation	Federal Identification Number
Name of Applicant			Phone No
Address			
Exact Location of Stands or Terminals			Phone No

CITIZENSHIP

To be filled out in relation to each individual or partner and each officer, director or stockholder of corporation making the application

FULL NAME	BIRTHPLACE	AGE	NATURALIZED YES/NO	DECLARED INTENTIONS	DATE	COURT

Corporation, Co-Partnership or Individual Using a Trade Name

If a corporation, co-partnership or individual using a Trade name Fill in Blank spaces below

Corporation or Trade Name: _____
 Phone No: _____
 Main Office _____

Incorporated	Yes	No	Date	State
Partner or President Name	Address			
Partner or Vice-President Name	Address			
Partner or Secretary Name	Address			
Partner or Treasurer Name	Address			

What connection has above named individuals, co-partnership or corporation with ownership or operation of vehicles described herein

Owner Holding Company Lessee Operating Company

Workers Compensation Company	Amount	Policy No
New York State Disability		
Public Liability		
Property Damage		

Do you have any outstanding unpaid judgments? Yes _____ No _____

If yes attach a separate paper stating the amount unpaid and the nature of the transaction or act giving rise to said judgments, name and location of court in which and date on which each was entered within the past 18 months

DATE	VIOLATION	NAME & LOCATION COURT	PENALTY IMPOSED

Were you, or any member of the Firm or Corporation, ever convicted of any crime or offense other than Traffic Infractions?
Yes _____ No _____ If yes list all crimes or offenses, names and locations of court along with penalty imposed

DATE	CRIME OR OFFENSE	NAME & LOCATION COURT	PENALTY IMPOSED

State Experience of Applicant in Transportation of Passengers _____

State any facts in which the Applicant believes the necessity in requiring the granting of this license application _____

LIST EACH VEHICLE TO BE LICENSED						
YEAR	MAKE	MODEL	SEATING	MOTOR NO	NYS VIN	VGN LICENSE #

I SOLEMNLY SWEAR TO THE TRUTH OF THE ABOVE STATEMENTS

SWORN TO BEFORE ME THIS _____

DAY OF _____

SIGNATURE OF APPLICANT