

LICENSE NO.2016 – 17: 0

FEE: \$25.00

LICENSE EXPIRES: June 30, 2017

TAXI CAB OWNER'S LICENSE APPLICATION – NON-TRANSFERABLE

The following requirements must be completed before issuance of Owner's License:

1. Ownership information to include but not limited to a valid/current New York State Driver's License
2. Taxi Cab Owner's License Application
3. Attachment "A"
4. Certificate of Liability for each vehicle shown on Attachment "A" with the following minimum limits:
 - \$10,00.00 for Property Damage for a single accident
 - \$25,00.00 for Bodily Injury and \$50,00.00 for a death for a person involved in an accident
 - \$50,000.00 for Bodily Injury and \$100,000.00 for death for two (2) or more people in an accident
 - **VIN NUMBER OF EACH VEHICLE MUST BE PRINTED ON THE CERTIFICATE OF LIABILITY**
5. Certificate of Liability must have the following as the Certificate Holder:
 - Town of Cheektowaga
 - Town Hall
 - 3301 Broadway Street
 - Cheektowaga, New York 14227
6. **NEW OWNERS:** A Town of Cheektowaga Police Department background check at a cost of \$10.00. Only a Town of Cheektowaga Police Department background check will be accepted.
7. **Payment must be rendered at time of application in the form of cash, check or credit card (no AMEX).**
8. **All forms, including applications and insurance requirements (Certificate of Liability) must be presented at the time of registration. We cannot accept faxed or emailed Certificates of Liability or other forms.**

After all required forms/documents have been completed/submitted/approved, the Town of Cheektowaga Clerk shall issue a Taxi Cab Owners License, which shall state the name and/or company, owner and/or company address, the date of issuance thereof, and the numbers of vehicles the owner is authorized to operate.

APPLICANT'S NAME: _____ APPLICANT'S PHONE NUMBER: (____) _____

COMPANY NAME: _____ COMPANY PHONE NUMBER: (____) _____

COMPANY ADDRESS: _____
(Street) (City/Town) (State) (Zip Code)

Are there any unpaid judgments over \$1,000.00 against you? No Yes

If Yes, state the nature of the transaction(s), /act(s) giving rise to said judgment(s)

_____ Date of said judgment _____

Name/location of the court in which judgment was entered _____

Have you ever been convicted of any misdemeanor(s)/felonies? No Yes...if Yes:

Where: _____ When: _____

What offense(s): _____

Punishment/penalty incurred: _____

By signing below, I hereby affirm, under penalties of perjury, that I have examined and reviewed the information in this application and affirm that all statements contained therein are true of my own knowledge. I also acknowledge and understand that any false statement(s) submitted is punishable under the law and may result in a denial of an application or the suspension or revocation of an existing license.

Applicant's Signature

Date