

**Application for Taxi Cab Medallion License Under
"Taxi Cab Ordinance"
Village of Monticello, New York**

Date: _____

Original Application: ()

Renewal Application: ()

For Year May 1, 20____ to April 30, 20____

Name of Taxi Company: _____

Address of Taxi Company: _____

Name of Applicant/Owner of Vehicle: _____

Applicants Home Address: _____

Applicants Phone#: Home: _____ Business: _____ Cell: _____

Applicants D/O/B: _____ Driver's License No.: _____

State of Issuance: _____ Expiration Date: _____ Class: _____

If Applicant is a Corporation or Partnership, please list names of partners/Officers of Corporation:

1. Vehicle to be licensed: Year: _____ Make: _____

Model: _____ Registration No.: _____

Seating Capacity: _____

Vehicle ID#: _____ VIN No.: _____

2. Vehicle to be licensed: Year: _____ Make: _____

Model: _____ Registration No.: _____

Seating Capacity: _____

Vehicle ID#: _____ VIN No.: _____

3. Vehicle to be licensed: Year: _____ Make: _____

Model: _____ Registration No.: _____

Seating Capacity: _____

Vehicle ID#: _____ VIN No.: _____

Certificate of Liability Insurance-**PLEASE ATTACH A COPY**

Policy No.: _____

Name of Insurance Company: _____

Limits in Policy (100/500/50K is minimum): _____

Certificate of Workman's Compensation Insurance-**PLEASE ATTACH A COPY**

Policy No.: _____

Name of Insurance Company: _____

Has the Applicant read and is familiar with the Village of Monticello Taxi Cab Ordinance?

YES or NO

Does the Applicant agree to conform with the requirements of the said Ordinance?

YES or NO

**PLEASE PROVIDE A COPY OF YOUR TAXI PLATES WITH THIS APPLICATION
IF YOU HAVE ADDITIONAL VEHICLES, PLEASE LIST ON A SEPARATE SHEET OF
PAPER**

If a Corporation, affix seal and State Office of Person Signing

Fee paid with application? YES or NO Amount: _____

Signature of Person Applying: _____

Date: _____

STATE OF NEW YORK)
)
COUNTY OF SULLIVAN)

INDIVIDUAL

_____, being duly sworn, deposes and says that he/she is the Applicant herein; that he/she has read the foregoing Application for Taxi Medallions under the "Taxi Ordinance" of the Village of Monticello, and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters herein stated to be alleged on information and belied, and that as to those matters he/she believes to be true.

Sworn to me this _____ day of _____, 20 _____

Notary Public

STATE OF NEW YORK)
)
COUNTY OF SULLIVAN)

CORPORATION

_____, being duly sworn, deposes and says that he/she is the Applicant herein; that he/she has read the foregoing Application for Taxi Medallions under the "Taxi Ordinance" of the Village of Monticello, and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters herein stated to be alleged on information and belied, and that as to those matters he/she believes to be true.

Sworn to me this _____ day of _____, 20 _____

Notary Public

STATE OF NEW YORK)
)
COUNTY OF SULLIVAN)

PARTNERSHIP

_____, being duly sworn, deposes and says that he/she is the Applicant herein; that he/she has read the foregoing Application for Taxi Medallions under the "Taxi Ordinance" of the Village of Monticello, and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters herein stated to be alleged on information and belied, and that as to those matters he/she believes to be true.

Sworn to me this _____ day of _____, 20 _____

Notary Public

TO BE FILLED OUT BY THE POLICE CHIEF:

Approved: _____

Disapproved: _____

Signature of Police Chief

Date

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TO BE FILLED OUT BY THE VILLAGE CLERK:

*A fee of \$250.00 per vehicle was collected on _____ for
_____ Taxi Medallions. The total amount collected was: _____*

Receipt #: _____

The Following Medallion Numbers were Issued:

*Were all necessary Insurance Certificate(s), Plates Copies, and additional requested
information provided with this application?*

YES OR NO

Signature of Village Clerk or Deputy

Date