

VILLAGE OF MONTICELLO

Application for Taxicab Driver's License

Pursuant to section 229-9 of the Code of the Village of Monticello

Prior to filling out this application please make sure the following requirements are met:

1. Applicant must be 18 years of age, must be able to speak the English language and have a thorough knowledge of the provisions of the Taxicab Ordinance and traffic regulations of the Village of Monticello
2. Applicant must currently possess a valid NYS Driver's License-Class "E" or Higher
3. Applicant must file two (2) unmounted, unretouched, new passport photographs of themselves in full face taken within the last 30 days preceding the filing of this application
4. After completing page 2 & 3 of this form, the applicant must take this form to the Chief of Police who shall supervise the fingerprinting of the applicants and who shall also qualify the applicant under the provisions of the Taxi Cab Ordinance
5. Please be aware that all false statements made by the applicant shall be dealt with promptly as required by law. The Village Clerk is authorized to require such other information as deemed necessary
6. All taxi cab driver's licenses expire on the 30th day of May and are good for one year beginning June 1st of calendar each year.

Today's Date: _____

I, the undersigned, do hereby make application to drive a taxicab in the Village of Monticello, pursuant to the relevant provisions of the ordinances of the Village of Monticello and any amendments thereto:

1. What is your full name: _____
(As it appears on your driver's license) (PRINT)
2. Where do you live: _____ Tel#: (____) _____
(Street Address)

(City, State, Zip) DOB: _____ Age: _____
3. SS#: _____ Where were you born: _____
4. Are you a US Citizen: _____, if not please attach proof of alien residency status which would permit you to work in the US.
5. Where have you lived for the past five (5) years previous to present address: (Give addresses)
 - a. _____
 - b. _____
 - c. _____
6. Have you ever been arrested or convicted of a felony or misdemeanor or summoned to court:
_____ Charge(s): _____
Date of Charges: _____
7. Do you have any pending Court dates regarding Probation or Parole: _____
Dates: _____
8. Can you read and write in English: _____
9. Are you of sound physique with good eyesight and not addicted to the use of intoxicating liquors or drugs: _____
10. Have you ever been previously licensed as a driver or chauffer: _____
No: _____
11. Has your license ever been suspended and or revoked: _____
If yes, please explain: _____

12. What is the number of your NYS Chauffeur's License: _____

13. Do you have any type of mental or physical incapacity or infirmity, of which you are aware, which may interfere with you the properly management and control of a motor vehicle:

14. Ethnicity: _____ Race: _____ Gender: _____
(Optional) (Optional) (Optional)

15. Date of Photographs: _____

State of New York)
County of Sullivan)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver's license; that the answers to the foregoing questions and other statements therein are true of _____ own knowledge and belief.

Signature: _____

Sworn before me this _____ day of _____, 20____.

NOTARY PUBLIC

Name: _____
(Please Print Clearly)

Driver's License Class: _____

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
6. L. Thumb	7. L. Index	8. L. Middle	9. L. Ring	10. L. Little
Left Four Fingers Taken Simultaneously		L. Thumb	R. Thumb	Right Four Fingers Taken Simultaneously
Please note any amputations:			Signature of Applicant:	

Finger prints taken on: _____

By: _____

License approved by: _____

Disapproved by: _____

On: _____

License Number: _____

Issued on: _____

By: _____

(Village/Deputy Village Clerk)

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