

**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  
\_\_\_\_\_

(DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY)

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**TO BE FILLED OUT BY THE VILLAGE CLERK:**

*A fee of \$300.00 per vehicle was collected on \_\_\_\_\_ for  
\_\_\_\_\_ Taxi Medallions. The total amount collected was: \_\_\_\_\_*

*Receipt #: \_\_\_\_\_*

*The Following Medallion Numbers were Issued:*

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

**YES OR NO**

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*Signature of Village Clerk or Deputy*

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*Date*