

CITY OF ROCHESTER
CITY CLERK'S OFFICE
LICENSING UNIT
ROOM 100A, CITY HALL

**TAXICAB LIVERY LICENSE
APPLICATION**

FOR OFFICE USE ONLY
LIC# _____
APP DATE _____
ISS DATE _____

**YOUR APPLICATION AND LICENSE
FEES ARE NON-REFUNDABLE**

APPLICATION MUST BE PRINTED OR TYPED IN BLUE OR BLACK INK

NOTICE: PURSUANT TO SECTION 108.36.A OF THE CITY CODE, THE CHIEF OF POLICE MAY DENY A LICENSE TO ANY APPLICANT WHO MAKES A MATERIAL MISREPRESENTATION ON AN APPLICATION. FURTHER, FALSE STATEMENTS CONTAINED HEREIN ARE PUNISHABLE UNDER NYS PENAL LAW.

APPLICANT: _____
Last Name First Name M.I.

Residence City State Zip

(h) Phone (w) Phone Date of Birth

LIVERY NAME: _____

Address City State Zip

YOU MUST ATTACH A COPY OF YOUR D.B.A.

RADIO INFO: _____
FCC License Frequency

ACKNOWLEDGMENT: I have been issued the Municipal Code, Chapter 108 (including amendments) relating to taxis, and the current Rules and Regulations. I understand that I am responsible for knowing and obeying said laws and rules.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____.

PRINT NAME SIGNED BELOW

NOTARY/COMMISSIONER OF DEEDS DATE OF EXP.

SIGNATURE OF APPLICANT DATE

----- **FOR OFFICE USE ONLY** -----

CRIMN DMV MCVB ALARM APPROVED DENIED CR# _____

APPRV _____
RESEARCHER DATE

CHIEF OF POLICE DATE

TAXICAB LIVERY LICENSE APPLICATION

List below ALL taxicabs to be operated out of the livery. You must have a minimum of ten (10), each bearing a valid CITY OF ROCHESTER HACK PLATE. (Applications are available in Room 100A, City Hall).

HACK NO.	HOLDER LAST NAME	FIRST INIT.	ADDRESS	CITY	STATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 _____ DAY OF _____, _____

 Commissioner of Deeds/Notary Public

 Signature of Applicant

 Date

**CITY OF ROCHESTER
CITY CLERK'S OFFICE, LICENSING UNIT
ROOM 100A, CITY HALL, 30 CHURCH STREET
ROCHESTER, NY 14614**

LICENSE APPLICATION ADDENDUM
(For use if Partnership, Corporation, D.B.A. or Agent)

Applicant: _____

Name of Business: _____

Type of License: _____

CIRCLE ONE: Partnership / Corporation / D.B.A. / Agent

Note: If the applicant or property owner is a partnership, give name, date of birth, and home address of each partner; if a corporation, give name, date of birth, and home address of all officers and shareholders; if D.B.A., give name, date of birth and home address of all principals; if acting as an agent, identify whom you are representing.

NAME

D.O.B.

HOME ADDRESS

Office Use Only:

