



Town of Babylon
Town Clerk
200 East Sunrise Hwy.
Lindenhurst, NY 11757
Taxicab Vehicle for Hire Application

Business Information

Name of Applicant
Business Name, (DBA)
Street Address
City, State and Zip Code
County
Business Certificate, DBA Certificate of NYS LLC#
Email Address
Business Phone #
Applicant Phone #

Personal Information

Name
Address
Phone #
Date of Birth
Driver License #
Driver's License Expiration Date
Proof of fingerprinting:___
2 full face photos_____
Have you ever had a permit revoked in any NYS Town, Village County or Borough: Yes___ No___
Have you ever been convicted of a felony, misdemeanor, or violation of any municipal ordinance except traffic violations? Yes___ No___

If yes Please provide details including Date, Court, ordinance and sentence_____

Vehicle Information

Registered Owner
Registration #
Registration Expiration Date
Make
Model
Vehicle Identification #
Vehicle Insurance Expiration Date

Vehicle Information

Registered Owner
License Plate #
Registration Expiration Date
Make
Model
Vehicle Identification #
Vehicle Insurance Expiration Date

Vehicle Information

Registered Owner
Registration #
Registration Expiration Date
Make
Model
Vehicle Identification #
Vehicle Insurance Expiration Date

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, all the information is true, correct and complete. I understand that if this application is missing or has incorrect

information, my application will be rejected and that any fee I paid will not be refunded. If I want, I can reapply with corrected application including the required application fees. I also know that under the law, all license applications are public records and may be disclosed, including this application and all other documents and information filed with it; and I understand and agree that the Town of Babylon may verify any documents and information I provide, including verification of my social security number by the Social Security Administration, and Child Support case status if applicable in connection with this application. Applicant further understands that pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

Notarized signature dated not more than 30 days from application submission.

I hereby declare that I have read and understand the Babylon Town Code Chapter 180

Application Date:

Applicant's Signature

State of New York County of _____)ss:

Sworn to before this _____ day of _____, 20__

For Office Use Only

License #:

Date of Application:

Employee Initials:

Amount:

Date Paid:

Certified Check Cash Money Order