



**Gerald D. Jennings**  
Mayor

**Office of the City Clerk**  
**City Hall - Room 202**  
**Albany, New York 12207**  
**Phone (518) 434-5090 Fax (518) 434-5081**

**Nala R. Woodard**  
City Clerk

### **TAXICAB LICENSE APPLICATION**

**NEW LICENSE FEE PAID: \$75.00**

**RENEWAL FEE PAID: \$100.00**

**REPLACEMENT FEE PAID: \$25.00**

**Clerk Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **IMPORTANT NOTICE**

False replies to any of the questions herein under the law constitutes perjury, detection of such falsity will result in refusal of license or, if granted, in revocation of same.

*The following application must be properly filled out and all questions answered.*

Full Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Complexion: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ By Whom Employed: \_\_\_\_\_

If operating own taxicab please give:

Medallion number: \_\_\_\_\_

Vehicle registration number: \_\_\_\_\_

Chauffeur's License Number: \_\_\_\_\_

Marital Status (circle one):      Married      Single

Sex (circle one):      Male      Female

**Application must be accompanied by  
3 pictures taken within 30 days of  
date of application.  
Pictures must be this size**

Date of pictures \_\_\_\_\_

I the undersigned, hereby apply for a PUBLIC TAXICAB DRIVER'S LICENSE to drive a Taxicab in the City of Albany, NY and for that purpose file the attached photograph and description of myself, and give the following answers to the questions contained in this application.

1. Are you a naturalized citizen of the United States, or have you declared your intention to become one? (State which, giving date of naturalization and the court in which papers were filed. \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever served in the army, navy, or militia, of this or any other country? Yes  No  If yes, where? \_\_\_\_\_  
\_\_\_\_\_

3. Were you ever convicted of any crime or traffic offense? Yes  No  If so, give charges and disposition (explain). \_\_\_\_\_  
\_\_\_\_\_

4. Have you been in an automobile accident(s) resulting in injury to yourself or any other party? Yes  No  If so, give date and location. \_\_\_\_\_  
\_\_\_\_\_

5. Are you addicted to intoxicating liquors as a beverage, or any narcotic drugs? Yes  No  Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever filed an application for a Taxicab Driver's License? Yes  No  If so, state when, where, and with what result.  
\_\_\_\_\_

7. Has any taxicab driver's, chauffeurs, or operator's license issued to you by the City of Albany or the State of New York ever been suspended or revoked? Yes  No  If so, give particulars. \_\_\_\_\_  
\_\_\_\_\_

8. Have you any physical or mental defects or infirmity, of which you are aware, that would in any way interfere with the proper operation and control by you of a motor vehicle. Yes  No  If so, explain: \_\_\_\_\_  
\_\_\_\_\_

9. Where have you lived for the last three (3) years?

YEAR	ADDRESS	CITY OR TOWN	RESIDED WITH

10. Give the names and addresses of your employers, and your occupation, for the past five years.

YEAR	EMPLOYER	ADDRESS	OCCUPATION

In consideration of the granting of the license hereby applied for, the applicant agrees that service of any paper, notice, letter, summons, complaint or legal process of any kind or nature may be made by the City of Albany or any department thereon upon the person to whom the license is issued by leaving a copy of any such paper, notice, letter, summons, complaint or legal process with any member of his family or other person with whom he may reside at the address given above.

The applicant further agrees that he will conform to all applicable laws, ordinances and the rules and regulations of the Police Department governing public Taxicab licenses.

*Notice: False statements made herein are punishable as a class "A" misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York.*

STATE OF NEW YORK  
City of Albany, County of Albany

\_\_\_\_\_, being duly sworn, deposes and says that he is the individual making the foregoing application for a Taxicab Driver's License; that the answers to the foregoing questions and other statements contained therein are true of his /her own knowledge.

Sworn before me, this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public or Commissioner of Deeds)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date