



*OFFICE OF THE CITY CLERK  
ROOM 202 CITY HALL  
ALBANY, NEW YORK 12207  
TELEPHONE (518) 434-5090*

*KATHY M. SHEEHAN  
MAYOR*

*GERALD E. CAMPBELL, JR.  
CITY CLERK*

## **TAXI LICENSE APPLICATION INSTRUCTIONS**

You must submit the following items:

- ◆ Completed Taxi License Application
- ◆ Completed Taxi Driver's fingerprinting (information obtained in the City Clerk's Office)
- ◆ Three passport size photos of yourself (**not more than 30 days old**)
- ◆ Your NYS Motor Vehicle driving abstract (**not more than 30 days old**) must have DMV seal
- ◆ Class "E" NYS-DMV Driver's License or Chauffer's License
- ◆ New Taxi License fee: non-refundable \$75.00 (cash or money order) payable at time of application
- ◆ Renewal Taxi License fee: non-refundable \$100.00 (cash or money order) payable at time of application to the City of Albany

All new applicants must be fingerprinted. **Fingerprinting is done at L 1 Enrollment (Please see attached list of locations) Check with L 1 for current amount due, at time of fingerprinting. Applicant shall pay the City Clerk the required Taxi License fee after fingerprinting. You must turn in proof of fingerprinting to the City Clerk's Office**

Your license can be picked up at the City Clerk's Office. Most applications will be processed in approximately 15 business days. Please call in advance to ensure your license has been processed and approved.

### **Other important information:**

- ◆ All Taxi Licenses issued will expire on March 1st of the following year.
- ◆ Under no circumstances will an extension or temporary license be granted
- ◆ If your taxi license is lost or stolen, you must see Officer Ramano at APD Traffic Safety (165 Henry Johnson Blvd). Pending his approval, you will be issued a duplicate license from the City Clerk. The fee is \$25.00.
- ◆ The taxi license fee is non-refundable.
- ◆ Taxi Medallion Applications can be obtained at APD Traffic Safety Division (165 Henry Johnson Blvd).
- ◆ Please consult §353 (Article I) entitled "Cabs and Omnibuses" of the Code of the City of Albany to obtain official rules and regulations.

## FINGERPRINTING INSTRUCTIONS FOR TAXI LICENSE APPLICANTS

### Read ALL Instructions Carefully

If you are applying for a job as listed above and are informed that you need to be fingerprinted, you will need to do the following:

Contact "L1 Enrollment" in order to schedule an appointment to be fingerprinted. They can be contacted as follows:

Website : [www.L1enrollment.com](http://www.L1enrollment.com) Appointment scheduling via the website is available 24/7/365.

Or

Toll Free number : 877-472-6915 Appointment scheduling via the call center is available 9am – 9pm Monday through Saturday.

A list of available locations can be found at [www.L1enrollment.com](http://www.L1enrollment.com) Select "NY" and then click on "Locations" to view the list. There are several in the Albany area.

You will need to know the departments "ORI" number, it is : NY0010100

You will also need to know your "Fingerprint Reason". The only reason accepted for this purpose is: "TAXI"

If you schedule an appointment via the website, it is recommended you print out the confirmation page and bring it to your appointment.

The cost, to be paid by applicant, is as follows:

DCJS fingerprint search fee ..... \$75.00  
L1 Vendor Fee ..... \$11.75  
**Total Fingerprinting Fee Due .....\$ call L1 for current fee**

Payment may be made by personal or business check, certified check, bank check, money order or credit card.  
Payment is made to : "L1 Enrollment Services"

When you go to be fingerprinted you **MUST** bring two forms of identification. At least one must have a photo. Acceptable forms of ID are Drivers License, US Passport, US Social Security Card, US Military ID Card, Original or Certified Birth Certificate, School ID w/photo, Photo ID Issued by Federal, state or Local Government.

You will be provided two receipts from L1, to show that you have been fingerprinted. **YOU MUST THEN RETURN ONE OF THE RECEIPTS TO THE CITY CLERK'S OFFICE TO SHOW THAT FINGERPRINTS WERE TAKEN AT WHICH TIME YOUR APPLICATION WILL BE PROCESSED.**

**EASTERN NY**

Albany-Columbia Circle	Albany, NY (1 Columbia Circle, Ste 205)	M&W 9-4:30, T&Th 9-12:30, Sa 10-1:30
Malta	Malta, NY (101 Saratoga Village Blvd)	Th 9-2
East Greenbush	East Greenbush, NY (568 Columbia Turnpike, Suite 9)	M-F 7:30-4:45, Sa 8-12
Schenectady	Schenectady, NY (167 Nott Terrace)	T 9-3
Hudson	Hudson, NY (16-18 Park Place)	M 9-3
Fort Edward	Fort Edward, NY (1418 Saratoga Rd.)	Th.1:30-4:30
Johnstown	Johnstown, NY (308 N. Comrie Ave)	W 9-3
Leeds	Leeds, NY (704 Rt. 23b)	W 2-5:30
Schoharie	Schoharie, NY (160 Holiday Way)	Th 10-2
Fultonville	Fultonville, NY (123 Riverside Dr.)	F 9-12
Albany- Colvin Ave	Albany, NY (10 Colvin Ave)	M-F 9-4:30
Schenectady	Schenectady, NY (945 Palmer Ave)	Tue 9-1
Schoharie	Schoharie, NY (138 Grand St. Suite 2)	M & Th 9-12
Hudson	Hudson, NY (160 Fairview Plaza, Suite 284)	M & Th 9-12



**Kathy M. Sheehan**  
Mayor

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City Hall - Room 202  
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Phone (518) 434-5090 Fax (518) 434-5081

**Gerald E. Campbell, Jr.**  
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: \_\_\_\_\_ Employers Name: \_\_\_\_\_

**Marital Status (circle one):** Married Single **Sex (circle one):** Male Female

**If operating own taxicab please give:**

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

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

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

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