

**TOWN OF YORKTOWN, NEW YORK**

**TAXICAB DRIVER APPLICATION**

NAME \_\_\_\_\_

Current Address \_\_\_\_\_

If you have not lived at this address for five years, please give a list of previous places of residence: \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Citizen of the United States Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status \_\_\_\_\_ Height \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Color of Hair \_\_\_\_\_

Places of Employment for the Past Five Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been arrested or convicted of a felony or misdemeanor? \_\_\_\_\_

Have you been previously licensed to operate a taxicab? \_\_\_\_\_

Where? \_\_\_\_\_

Has your license to operate a taxicab ever been revoked? \_\_\_\_\_

Suspended? \_\_\_\_\_ If so, for what cause? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATED: \_\_\_\_\_

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