

FEE: \$_____

TOWN OF YORKTOWN, NEW YORK
OFFICE OF THE TOWN CLERK
APPLICATION FOR TAXICAB LICENSE

Owner's Name _____

Owner's Home Address: _____

Owner's Home Telephone Number: _____

Date of Birth _____

Business Name: _____

Business Address: _____

If the applicant is a corporation, provide a separate sheet of paper listing the names and addresses of the officers of said corporation, together with the names and addresses of the person or persons who will actually manage the business.

What previous experience have you had in such business?

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Has your license to operate a taxicab ever been revoked?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? _____