



TOWN OF GREENBURGH

TOWN CLERK'S OFFICE

177 Hillside Avenue, Greenburgh, NY 10607

(914) 989-1500 FAX (914) 993-1626

townclerk@greenburghny.com

November 2017

To: All Holders Of Town Of Greenburgh Taxi Driver's License

Enclosed is your application for a **2018** Taxi Driver License, as well as instructions.

Please remember that your **2017** Taxi Driver License expires this December 31st. Therefore, it is necessary that you complete and return a new application, along with the **\$75 non-refundable** fee to the Town Clerk's Office prior to December 31, 2017.

After submitting the application and payment to the Town Clerk's Office, if you were not fingerprinted for the **2017** license, you will need to be fingerprinted for next year's license.

If you have any questions, please do not hesitate to call our office at 914.989.1500, Ext 5.

Sincerely,

Judith A. Beville
Town Clerk

JAB:cp

Encl.



TOWN OF GREENBURGH

TOWN CLERK'S OFFICE

177 Hillside Avenue, Greenburgh, NY 10607

(914) 989-1500 FAX (914) 993-1626

townclerk@greenburghny.com

INSTRUCTIONS FOR TAXI DRIVER'S LICENSE APPLICATION

1. No individual may drive a taxicab in the Town of Greenburgh until he/she has a Taxi Driver's License issued and in hand by the Town Clerk's Office.
2. The license expires on December 31st of the year issued. For Taxi Drivers with "Dispatch Agreements", the license expires on December 31st of the year issued or upon termination of the agreement.
3. The applicant must submit a completed application - include three passport size photographs (2"X2") full face, bareheaded, on a white background taken within 30 days of filing this application.
4. The applicant must have a doctor attest to his physical condition under the "Medical Certificate" portion of the application. The physical exam must have taken place within the past 30 days.
5. Applicant's signature must be notarized.
6. Return completed application, pictures, a copy of the driver's license and the non-refundable application fee of \$75, if paid prior to January 1 of the year, (plus an additional non-refundable \$ 10 for every month thereafter the fee has not been paid for renewal of the license) to the Town Clerk's Office, Town Hall, 177 Hillside Avenue, White Plains, NY 10607. The applicant will receive a receipt when the application is accepted by the Town Clerk's Office.
7. First time only applicants are required to take an exam on the Taxicab Regulations and the Greenburgh area. Please contact the Greenburgh Police at 989-1785 to make an appointment for the exam. The applicant must present the receipt from the Town Clerk's Office when he/she appears for the exam. An applicant will have two tries to pass the exam. Otherwise, they must wait six month to try again.
8. Each applicant must have fingerprints taken, please contact L1 Enrollment at 1-877-472-6915 to make an appointment. The applicant must present the receipt from the Town Clerk's Office when he/she goes for fingerprinting. The following non-refundable fees must be paid at that time: a money order/check for \$85.75 in favor of L 1 Enrollment to the Fingerprinting Department. **The ORI # for Town of Greenburgh is NY0595300.**
9. The applicant must know the Taxi Company that he/she will be working for before the Taxi Driver's License is issued. This information will appear on the license.
10. Each applicant must reapply each year with the Town Clerk's Office. However, he/she only will be fingerprinted **every other year**.



TOWN OF GREENBURGH

TOWN CLERK'S OFFICE

177 Hillside Avenue, Greenburgh, NY 10607

(914) 989-1500 FAX (914) 993-1626

townclerk@greenburghny.com

Taxi Driver License Application Requirement

Finger Printing is Required Every Other Year

Necessary Document to Submit

1. Application
2. Three (3) pictures (Taken Within 30 days)
3. Copy of Driver's License
4. \$75 fee Cash or check + \$ 10 Penalty Fee per month, if any
5. Application attested by a doctor
6. Application duly notarized

GET A RECEIPT FOR FINGER PRINTING

1ST TIME DRIVER'S TO TAKE EXAM WITH PD

Fingerprinting FEE : \$ 85.75

TOWN OF GREENBURGH
APPLICATION FOR TAXI DRIVER'S LICENSE

OFFICE USE ONLY

Appl. Received: _____ Receipt #: _____ Amount Rec'd.: _____
Date Approved: _____ Date Denied: _____ Reason Denied: _____
Exam 1: _____ Exam2: _____ Fingerprinted: _____

\$75.00 non-refundable fee if paid prior to January 1 of the year it covers, (Plus an additional \$ 10 non-refundable for every month thereafter the fee has not been paid) to process the application. 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.

* * * You must have a "CLASS E" DRIVER'S LICENSE to be eligible for a Taxicab Driver's License * * *

PERSONAL INFORMATION (Please Print and Complete All Information)

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address) (City) (State) (Zip)

(P.O. Box Address, if applicable) (City) (State) (Zip)

Telephone Number: _____ Cell Number: _____
(Area Code + Number) (Area Code + Number)

Other Addresses in the last five (5) years:

(Street Address) (City) (State) (Zip)

(P.O. Box Address, if applicable) (City) (State) (Zip)

Are you a United States Citizen? Yes _____ No _____

Social Security No.: _____ Date of Birth: _____ Place of Birth _____

Do you speak English? No _____ Yes _____ Read English? No _____ Yes _____ Write English? No _____ Yes _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Date of Photos: _____

Three Full Face Photos; 2" x 2"
Bareheaded on white background
Passport type photos (*not machine*)
taken within the last 30 days.

Name of taxi business that you will be driving for,
This information will appear on your Taxi Driver's license. _____

TOWN OF GREENBURGH
APPLICATION FOR TAXI DRIVER'S LICENSE

DRIVING RECORD

NY Motorist ID#: _____ Expiration Date: _____ Year License Issued _____

1. Was your license ever revoked or suspended? No ____ Yes ____ *If yes, give particulars below ...*

2. Since your driver's license was issued, please state the...

a) Number of accidents you have been involved in _____

b) Number of accidents involving personal injuries _____

c) Number of accidents involving property damage _____

3. How long have you been a licensed chauffeur? _____

4. Have you ever received a Taxi Driver's license from the Town of Greenburgh? No ____ Yes ____

If yes, what years? _____ Last year fingerprinted? _____

5. Have you ever received a Taxi Driver's license from another municipality? No ____ Yes ____

If yes, when? _____ and where? _____

6. Was your *taxi driver's license* ever revoked or suspended? No ____ Yes ____ *If yes, give particulars below ...*

7. List all convictions for traffic violations within the last 18 months. If none, state "NONE".

EMPLOYMENT HISTORY

Give the names and addresses of your employers and your occupations for the past five (5) years:
 (If necessary, attach additional sheets of paper)

Years	Occupation	Employer and Address

TOWN OF GREENBURGH
APPLICATION FOR TAXI DRIVER'S LICENSE

CRIMINAL BACKGROUND

Were you ever arrested or convicted of any crime? No ____ Yes ____ If yes, how many times? ____
 (State facts below; if necessary, attach additional sheets of paper)

Date	Jurisdiction	Charge	Disposition

MEDICAL HISTORY

1. Have you any physical or mental defects or deformity of which you are aware, that would in any way interfere with the proper operation and control by you, of a motor vehicle? No ____ Yes ____ *If yes, give particulars below ...*

2. Are you addicted to the use of intoxicating liquors? No ____ Yes ____

a) Do you use any narcotic drugs? No ____ Yes ____ *If yes, please specify below ...*

DOCTOR'S MEDICAL CERTIFICATE

I have examined, the applicant named on this application, on (within the last 30 days), and certify that he/she is not afflicted with any diseases, physical or mental conditions which might make him/her an unsafe or unsatisfactory driver of a taxicab for hire.

PLEASE PRINT INFORMATION

_____ (Physician's name)

_____ (Physician's business address) (City) (State) (Zip)

_____ (Physician's signature) (Date) (Medical License Number)

If applicant is medically disqualified, a separate letter may be furnished explaining same.

TOWN OF GREENBURGH
APPLICATION FOR TAXI DRIVER'S LICENSE

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 Town of Greenburgh, or any department thereof, 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.

It is further agreed by the applicant that he/she will conform to the ordinance of the Town of Greenburgh governing public taxicabs and public taxicab drivers. An applicant who is approved for a taxicab driver's license must use the license only when in the employment or under a dispatch agreement of a taxicab business already recognized and licensed in the Town of Greenburgh.

PLEASE NOTE: Under §450-5 of the Town Code, a license may be denied to any person who has been convicted of a felony and/or misdemeanor which, in the judgment of the Town Clerk or Chief of Police would render the applicant unfit or undesirable to operate a taxicab or taxicab business in the Town of Greenburgh. Applicants having felony or misdemeanor convictions are cautioned that a possibility exists they may be denied a license. Should this occur, no reimbursement of any fees paid in connection with the processing of this application shall be made.

(Applicant's Signature)

STATE OF NEW YORK

COUNTY OF _____

_____ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxi driver's license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge.

Sworn to before me this _____ day of _____, _____

(Signature of Notary Public or Commissioner of Deeds)