



**OFFICE OF THE TOWN CLERK**  
 One Washington Street Hempstead, NY 11550  
 Tel: (516) 812-3025 email: licensing@hempsteadny.gov

**Office Use Only**

APPLICATION # _____
FILING FEE _____
VEHICLE LIC. # _____
TO _____
ISSUED _____
FEE PAID \$ _____
Certificate # _____

**FIRST TIME**     **RENEWAL**

**LIMOUSINE OWNER     PRIVATE LIVERY VAN**

Please indicate type of ownership

<input type="radio"/> <b>Individual Owner</b>		<input type="radio"/> <b>Co-Partnership</b>		<input type="radio"/> <b>Corporation</b>		
Name of applicant: DBA _____				Phone # (    )    -		
Address: _____			email address: _____			
Exact location of depot or dispatching office: _____				Business hours	Business phone #	
<b>Corporation, Co-partnership or Individual using a trade name</b> If corporation, co-partnership or individual using a trade name, fill in blank spaces below						
Corporation, or trade name: _____				Phone # (    )    -		
Main office: _____						
Incorporated ?    YES <input type="radio"/> NO <input type="radio"/>		Date:    /    /		State: _____		
<b>Name</b>			<b>Address</b>			
Partner or President						
Partner or Vice President						
Partner or Secretary						
Partner or Treasurer						
What connection has above named individual, co-partnership or corporation with ownership or operation of vehicles described herein ?						
<input type="radio"/> <b>Owner</b>		<input type="radio"/> <b>Holding company</b>		<input type="radio"/> <b>Lessee</b>		
<input type="radio"/> <b>Operating company</b>						
_____ <b>Citizenship</b> _____						
To be filled out in relation to each individual or partner and each officer of corporation making this application						
Name	Birth place	Age	Naturalized	Declared Intentions	Date	Court
			YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>		
			YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>		
			YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>		
			YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>		

Certificate of insurance must be attached showing coverage on all vehicles' public liability insurance Amount: Policy #: Company:	Property damage insurance Amount: Policy #: Company:
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Are there any unpaid judgements outstanding against the applicant? ANSWER YES  NO   
 If yes, attach separate paper stating amount unpaid and nature of the transaction or act giving rise to said judgements.  
 Include location of court and date on which judgement was entered.

List all violations of any traffic law, ordinance or regulation for which you or any member of firm or corporation have been arrested or convicted within the past 18 months.

Date	Violation	Name and Location of Court	Penalty imposed

Were you, or any member of firm or corporation, ever convicted of any crime or offense other than traffic infractions ?

Date	Violation	Name and Location of Court	NUMBER OF VEHICLES APPLICANT INTENDS TO OPERATE: <input type="text"/>	

Describe below each vehicle for which application is made for a Limousine license.  
*Please supply additional info if needed*

Car #	Make	Model	Seating Capacity	Last Four Only		N.Y. State Lic. plate #	Current TOH License #	Office Use Only
				Vin #				New License #

*I solemnly swear to the truth of the above statements*

Sworn to before me this \_\_\_\_\_  
 Day of \_\_\_\_\_ 20 \_\_\_\_\_

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

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 Title