



Office Use Only

LICENSE #	_____
ASSIGNED	_____ 20_____
ISSUED	_____ 20_____
N.Y. STATE LICENSE: TYPE	_____
VALIDATION #	_____
EXPIRES	_____ 20_____

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

***FIRST TIME** **RENEWAL**

** First time applicant must complete reverse side*

PRIVATE LIVERY • LIMOUSINE • TAXICAB DRIVER

1. Name:						Tel #:	
2. Legal Address:						Email :	
3. Years living at above address: Yrs.		4. DOB: / /		5. Age:		6. Place of Birth:	6A. Social Security #:
7. Are you a US citizen ? YES <input type="radio"/> NO <input type="radio"/>		8. Native or naturalized:			9. If Naturalized When & Where:		
10. Race:	11. Height:	12. Weight:	13. Eye Color:	14. Hair Color:	15. Complexion:		
16. Prominent scars or distinguishing marks? YES <input type="radio"/> NO <input type="radio"/>				17. Have you any mental or physical ailment? YES <input type="radio"/> NO <input type="radio"/>			
18. Were you ever convicted of any crime or offense other than traffic infractions ? - Answer YES <input type="radio"/> NO <input type="radio"/>							
<i>Please supply additional info if needed</i>							
Date	Violation		Place of Arrest			Penalty imposed	
19. Do you have any charges pending against you ? YES <input type="radio"/> NO <input type="radio"/>							
Date	Place of Arrest			Charge			
20. List ALL violations of any traffic law, ordinance or regulation for which you have been convicted within the past 18 months:							
<i>Please supply additional info if needed</i>							
Date	Violation		Name & location of court			Penalty imposed	
21. Was your operator's or chauffeur's license ever suspended or revoked ? YES <input type="radio"/> NO <input type="radio"/>							
If YES, state date, period of suspension and cause.							
22. Give the name and address of your employer (s), and your occupation (s) for the past Ten (10) years. Give name of present employer first.							
<i>Please supply additional info if needed</i>							
Date	Employer		Address			Occupation	

Sworn to before me this _____

I solemnly swear to the truth of the above statements

Day of _____ 20_____

Signature of Applicant

 NOTARY PUBLIC

Private Livery, Limousine, Taxi Cab Driver Reference Signatures

The following voucher completed by two (2) residents of Nassau County who have known you for a period of at least one (1) year and are not related to you.

RESIDENT 1:

Is the applicant related to you ? If so, give particulars _____

Has the applicant ever been in your employ ? _____

Would you employ this applicant now if the opportunity arose? _____

I, _____, do hereby certify that I have known _____ the applicant herein named, for a period of One (1) year or more, that I have observed the applicants conduct during the period so stated and found the applicant to be honest, sober and of good character, civil in manner and behavior; that I know nothing to the applicant's prejudice, and recommend the applicant as a fit person to be licensed to drive a public taxicab or limousine.

Signature

Business

Residence

Business Address

RESIDENT 2:

Is the applicant related to you ? If so, give particulars _____

Has the applicant ever been in your employ ? _____

Would you employ this applicant now if the opportunity arose? _____

I, _____, do hereby certify that I have known _____ the applicant herein named, for a period of One (1) year or more, that I have observed the applicants conduct during the period so stated and found the applicant to be honest, sober and of good character, civil in manner and behavior; that I know nothing to the applicant's prejudice, and recommend the applicant as a fit person to be licensed to drive a public taxicab or limousine.

Signature

Business

Residence

Business Address