



**OFFICE OF THE TOWN CLERK**  
 One Washington Street Hempstead, NY 11550  
 Tel: (516) 812-3025 Email: Licensing@tohmail.org

**Office Use Only**

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

**\*FIRST TIME**     **RENEWAL**

\* Must fill out Experience

**PRIVATE CARTERS LICENSE**

Please Print Clearly

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:					Phone #
Address:			Email:		
Exact location of garage:					
<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					

Does any person other than listed above have any interest in this business ? YES  NO   
*If Yes, attach statement explaining their connection with this business.*

Were you, or any member of firm or corporation, ever convicted of any crime or offense other than traffic infractions ?  
 Answer: Yes  or No  if Yes please fill out below:

What Crime or Offense ?	When ?	Where?	Penalty Imposed?

