

# CITY OF NEWBURGH, NEW YORK

## Application For Taxicab Driver's License

Pursuant to Section 272 of the Code  
of the City of Newburgh

Date \_\_\_\_\_

I the undersigned do hereby make application to drive a taxicab in the *City of Newburgh*, pursuant to the relevant provisions of the ordinances of the *City of Newburgh* and any amendments thereto:

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
3. New York State Chauffer's License # \_\_\_\_\_
4. Current Street Address: \_\_\_\_\_  
(P.O. Box numbers are not acceptable)
5. Addresses for the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Married or Single: \_\_\_\_\_
7. Place of Birth: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_
8. Are you a U.S. citizen? \_\_\_\_\_ If no, attach proof of alien residency status, which would permit you to work in the United States.
9. Attach results of a drug screening test performed within ten (10) days of this application.
10. Have you ever been arrested or convicted of a felony, misdemeanor, DWI or illegal drug charge? \_\_\_\_\_  
If yes, Charge: \_\_\_\_\_ Date of Charge: \_\_\_\_\_
11. Have you been previously licensed as a driver or chauffeur? \_\_\_\_\_
12. Has your license ever been revoked? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Give the names and address of your employers for the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Personal Description:  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_  
Date of Photograph \_\_\_\_\_

15. Provide the company name, business address and telephone number of the taxi company for which you will operate and/or drive a taxicab:

\_\_\_\_\_  
\_\_\_\_\_

"PURSUANT TO THE NEW YORK STATE PENAL LAW, SECTION 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN"

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the forgoing application for a taxicab driver's license and that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

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

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

*Photo*

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

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FOR OFFICE USE ONLY

DMV Check \_\_\_\_\_ WINQ Check \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

License Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

License Number \_\_\_\_\_ Issued on \_\_\_\_\_

\_\_\_\_\_  
City Clerk

# PERSONAL IDENTIFICATION

Name \_\_\_\_\_ Class \_\_\_\_\_  
 (Please type or print plainly)

Color \_\_\_\_\_ Sex \_\_\_\_\_ Ref. \_\_\_\_\_

### RIGHT HAND

1. Thumb	2. Index Finger	3. Middle Finger	4. Ring Finger	5. Little Finger

### LEFT HAND

6. Thumb	7. Index Finger	8. Middle Finger	9. Ring Finger	10. Little Finger

Classified \_\_\_\_\_ Assembled \_\_\_\_\_  
 \_\_\_\_\_ Verified \_\_\_\_\_  
 Index Card \_\_\_\_\_ Answered \_\_\_\_\_

Note Amputations

Signature of applicant

Four Fingers Taken Simultaneously	Four Fingers Taken Simultaneously		
Left Hand	L. Thumb	R. Thumb	Right Hand