

Village of Spring Valley

Noramie F. Jasmin
Mayor

Joseph A. Desmaret
Deputy Mayor
Joseph Gross
Trustee
Anthony Leon
Trustee
Demeza Delhomme
Trustee

TO: All Taxi Drivers

FROM: Sherry M. Scott
Village Clerk

RE: Taxi Driver (Hack) License Application

Attached is an application for your Taxi Driver's License. Please fill out the application and submit it to the office of the Village Clerk as soon as possible. The fee for this license is **\$75.00, and it is non-refundable.** The fee must be paid either by money order or bank check. Cash, Personal Checks or Credit Cards will not be accepted. Also, submit two passport type photographs, 2" head and do not wear a hat. Machine photographs are not acceptable. In addition, you must present a valid New York State driver's license, Class B, C, or E, **Cannot be Class D**, and your Social Security Card. **If you need INS verification for work, you must show a Green Card.**

Additionally, each driver will be required to submit a copy of their "Abstract of Driving Record". This document must be an original Department of Motor Vehicles copy, and cannot be more than two months old at the time of its submission. A \$10.00 fee is required by the Department of Motor Vehicles in order for them to process the application.

Complete the portion regarding criminal record, traffic tickets paid or unpaid **within the past 18 months**, and indicate whether your New York State driver's license has ever been revoked or suspended, even if it has been reinstated at this time. The application also requires the signature of your doctor, and it must be notarized.

New Taxi Drivers: You are required to be digitally fingerprinted and photographed by the Police Department. You must contact the Police Department at least **10 days** prior to January of each year (the date by which you must obtain your Taxi Driver License) to schedule a time to be photographed and fingerprinted.

VILLAGE OF SPRING VALLEY
200 NORTH MAIN STREET
SPRING VALLEY, NEW YORK

TAXICAB (HACK) DRIVER'S APPLICATION

Effective: January 1 - December 31.

Fee: \$75.00 - Non-refundable - BANK CHECK or MONEY ORDER ONLY

New _____ Renewal _____ Date Issued _____ Village License No. _____

Name of Applicant: (First) _____ (Last) _____

Home Address _____ Apt. No. _____

P. O. Box _____ City _____ State _____ Zip Code _____

Cell Phone No. _____ Home Phone No. _____

D/B/A (Doing Business As) _____

Base Phone No. _____

Date of Birth _____ Height _____ Weight _____

Color of Hair _____ Color of Eyes _____

Drivers License No. _____ Social Security No. _____

CRIMINAL RECORD

Were you ever indicted, charged or convicted of a crime or violation? If yes, list below. Yes () No ()

Have you received traffic tickets *anywhere* in the past 18 months? If yes, list below. Yes () No ()

Have you ever had your driver's license revoked or suspended? If yes, list below. Yes () No ()

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: You must provide complete, accurate and truthful answers to all questions on this application, even if you gave this information on prior applications. In addition to criminal penalties, making a false statement or failing to provide accurate information may result in denial of a Village license. If your application is denied, you may have to submit another application and pay another filing fee.

MEDICAL CERTIFICATION

This is to certify that I have examined _____ and certify that he/she is mentally and physically fit to safely operate and drive a public taxi at the present time.

Doctor's Signature _____

Doctor's Address _____

Doctor's License No. _____

Verification of this instrument is made pursuant to Section 100.30 (d) of the Criminal Procedure Law. I know that a false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

STATE OF NEW YORK }
 }S.S.
COUNTY OF ROCKLAND}

I, _____ attest, and says that I am the individual making the foregoing application, and that the answers and other statements contained therein are true to the best of my knowledge.

Sign In Front of Notary

Signature _____

Print Name _____

Notary Public _____

Attested to before me this _____ date of _____, 20____