



**TOWN CLERK, DIANE M. WILHELM**

200 Howell Avenue  
Riverhead, NY 11901  
631-727-3200 Ext. 260

**TAXICAB BUSINESS LICENSE APPLICATION**

**CHECK ONE**

<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal Application
--	--

Applicant must submit with the application

\_\_\_\_\_ Application Fee \$ \_\_\_\_\_ Cash/Certified/Business Check/Money Order  
Mastercard/Visa/Discover  
\_\_\_\_\_ Policy on Drug Test Certification

***Please Print All Information***

Date of Application \_\_\_\_\_

Business/Applicant Name \_\_\_\_\_

Main Operating Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number/ Federal Tax ID Number: \_\_\_\_\_

Present Taxicab Business License Number (if applicable): \_\_\_\_\_

Has the applicant had any license revoked in any State?      YES              NO

If yes, indicate reason and location:

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

Previous Addresses (if at above address less than five years)

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

Has the applicant ever been convicted of a felony, misdemeanor, and/or Town Code violation.

YES                      NO

**If yes**, state the charge and sentence imposed, the date of conviction and the Court that imposed the sentence including the docket, index, indictment and/or file number:

---

---

---

**If yes**, have you received a Relief from Civil Disabilities?    YES    NO

If a Relief from Civil Disabilities has been received, attach a copy to this application.

DESIGNATED AGENT FOR SERVICE OF PROCESS (MUST BE SUFFOLK COUNTY RESIDENT)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (no Post Office Boxes) \_\_\_\_\_

Telephone number Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_

If the above is a corporation, partnership, limited liability company or other business entity list the name, address of each owner, officer, principal, shareholder, partner and/or member of any of the above along with the address, contact telephone number and title.

**Name** \_\_\_\_\_ **Title/Position** \_\_\_\_\_

Legal Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Name** \_\_\_\_\_ **Title/Position** \_\_\_\_\_

Legal Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Name** \_\_\_\_\_ **Title/Position** \_\_\_\_\_

Legal Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Legal Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Legal Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Legal Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**VEHICLES**

**Registered Owner** \_\_\_\_\_ **Vehicle Permit** \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Seating Capacity \_\_\_\_\_

VIN \_\_\_\_\_ License Plate \_\_\_\_\_

**Registered Owner** \_\_\_\_\_ **Vehicle Permit** \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Seating Capacity \_\_\_\_\_

VIN \_\_\_\_\_ License Plate \_\_\_\_\_

**Registered Owner** \_\_\_\_\_ **Vehicle Permit** \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Seating Capacity \_\_\_\_\_

VIN \_\_\_\_\_ License Plate \_\_\_\_\_

**Registered Owner** \_\_\_\_\_ **Vehicle Permit** \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Seating Capacity \_\_\_\_\_

VIN \_\_\_\_\_ License Plate \_\_\_\_\_

**Registered Owner** \_\_\_\_\_ **Vehicle Permit** \_\_\_\_\_

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_ **Seating Capacity** \_\_\_\_\_

**VIN** \_\_\_\_\_ **License Plate** \_\_\_\_\_

**Registered Owner** \_\_\_\_\_ **Vehicle Permit** \_\_\_\_\_

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_ **Seating Capacity** \_\_\_\_\_

**VIN** \_\_\_\_\_ **License Plate** \_\_\_\_\_

**VEHICLE OPERATORS**

**NAME** \_\_\_\_\_ **Taxicab Operator's License** \_\_\_\_\_

**Address** \_\_\_\_\_

NAME \_\_\_\_\_ Taxicab Operator's License \_\_\_\_\_

Address \_\_\_\_\_

-----X

In Matter of the Taxicab Business License of \_\_\_\_\_

**AFFIDAVIT**

(Print Legal Name as indicated above)

-----X

State of New York)

: ss:

County of Suffolk)

\_\_\_\_\_, being duly sworn deposes and says:

(Print Legal Name as Indicated above)

1. Your deponent has the authority to sign on behalf of the above applicant and execute this statement for the Taxicab Business License from the Town of Riverhead;
2. I affirm under the penalties of perjury that the information contained herein is true and accurate.
3. Your deponent makes this affidavit before an officer empowered to administer an oath; such as a notary public;
4. Your deponent states that the applicant has not been charged with, nor convicted of, any crime at any time prior to the making of this affidavit, except for the charges and convictions specified above.
5. Your deponent agrees that the applicant is aware that the applicant has a duty to notify the Town Clerk within twenty-four (24) hours of the applicant being charged with, or convicted of any crime.
6. Your deponent agrees that the applicant understands to allow the Town of Riverhead to conduct a review of all of the necessary records to verify the information provided including Department of Motor Vehicle records.
7. Your deponent Affirms that a written drug testing policy as defined in the Riverhead Town Code Chapter 281 is in place by the applicant.
8. Your deponent agrees that the applicant understands all license fees are **non-refundable**.
9. Your deponent agrees that the taxicab business license shall be conspicuously posted in full public view in the main office of the licensee as indicted above.
10. Your deponent agrees that the applicant understands that the taxicab business license expires one year from the date of issuance.
11. Your deponent agrees that the applicant understands that a copy of this document in part and/or in whole shall be considered effective and valid as the original.
12. Your deponent agrees that the applicant understands to hold harmless the Town of Riverhead, its officers and/or employees from any and all liability regarding from any investigation, inquiry and/or use of the information within this application.

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

\_\_\_\_\_  
Above's legal signature

\_\_\_\_\_  
Clearly printed applicant's name

\_\_\_\_\_  
Notary Public

Receipt Number \_\_\_\_\_