City of Plattsburgh, New York Application for Permission to Operate a Taxicab

Application is hereby made for permission to operate a taxicab, duly licensed by the City Clerk on the streets of the City of Plattsburgh for:

Name:	Date of Birth:								
Alias(s):									
Address:									
Primary Phone #: Seco				Secon	ndary Phone #:				
Sex:	Male	Female							
Driver's Licens	se #:		State:	Cla	ss:	Expira	ition Date:		
Arrest Informa	ation:								
Have you ever	Have you ever been arrested and/or convicted of a crime? Yes No								
If YES, please ¡	provide the fo	llowing info	rmation: (if yo	ou are unsure o	f dates, an estim	ated date will b	e accepted)		
Date:		Char	Charge:			Disposition (Please include court):			
Has your licen If yes, when w	•			en suspen	ded or revo	oked?	Yes	□ No	
Are you a mer Are you a citiz Length of resid	en of the Unit	ed States?		Yes Yes	□ No □ No	-			
Last or Curren	t Employer:								
Address:									
Have very est	danah da asa P	aanaad ta U	o City of Dio	ا عادد، ، مامعه		Tavicala	□ v	□ N ₂	
Have you prev Have you ever If yes;	had an applic	cation to op	•	ab denied	?	ı axıcab?	☐ Yes	∐ No □ No	

Please list four (4) references that will vouch for your character:

Name	Address	Phone #			
**NOTICE: False statemer	nts made herein are punishable pursuant to Penal L	aw Section 210.45 as a Class A			
	TE OR INACCURATE INFORMATION MAY BE CAUSE				
APPLICATION.					
Applicant Signature:	D	Date:			
	FOR OFFICE USE ONLY				
Approved:					
Denied: (application denied for reason listed below)					
	<u> </u>				
	eato information				
Incomplete/inaccur					
Applicant does not	hold Class E or Class C license as require by NYS				
Applicant does not		, Chapter 243, §243-4			
Applicant does not	hold Class E or Class C license as require by NYS	, Chapter 243, §243-4			
Applicant does not Applicant does not	hold Class E or Class C license as require by NYS meet the requirements of the Plattsburgh City Code	, Chapter 243, §243-4			