

Village of Lynbrook License Application



TAXI OWNER

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M / F

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Or Business Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

Business / employer name: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ I'm a: Citizen \_\_\_\_\_ Non - Citizen \_\_\_\_\_ of the United States

If you're not a citizen attach a copy of your work authorization from the Immigration and Naturalization Service.

Have you ever been convicted of any Offense? \_\_\_\_\_. If yes indicate: Offense 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

If more than four, complete on a separate piece of paper and attach to this application.

New York State Driver License ID # \_\_\_\_\_ Date License Expires \_\_\_\_\_ Class \_\_\_\_\_. Has this License ever been suspended, revoked, cancelled or denied? \_\_\_\_\_ If yes, indicate the details: \_\_\_\_\_

I have attached: a) Filing Fee \_\_\_\_ b) Copy of Driver's License \_\_\_\_ d) Copy of Receipt for Fingerprinting \_\_\_\_

In the event the applicant is a corporation or LLC, the applicant shall provide the names and addresses of each of the officers thereof. In the case of an unincorporated association, the applicant will provide the names and addresses of each member thereof.

Business owners must submit the following Certificates of Insurance with this application:

Workers Compensation or a waiver if self-employed with no other employees and. Workers Disability Benefits or waiver if self-employed with no other employees and

If motor vehicles are to be licensed: Automobile, bodily injury: \$100/300,000 Automobile Property Damage: \$50,000

I hereby agree to a full investigation of my background, character and fitness and all information given on this application. I understand that any false information may result in the denial of the license or subsequent revocation of my license. I understand that the Lynbrook Village Code may require that I be fingerprinted in connection with this license application and that the license may be denied or subsequently revoked for a conviction of a crime or for violating any section of the Lynbrook Village Code.

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

State of New York } ss County of Nassau

\_\_\_\_\_ being duly sworn, deposes and says that the is the applicant described above and that the answers, information and statements on this application are true of his own knowledge and belief.

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

Notary Public, Nassau County, New York. Signed \_\_\_\_\_

Not qualified due to \_\_\_\_\_

License Approved: Chief of Police \_\_\_\_\_ Date \_\_\_\_\_ Mayor: \_\_\_\_\_ Date \_\_\_\_\_

Application Fee Paid\$ \_\_\_\_\_ Receipt# \_\_\_\_\_ LICENSE # \_\_\_\_\_ issued on \_\_\_\_\_ by \_\_\_\_\_