

2024

TOWN OF HUNTINGTON
ANDREW P. RAIA, TOWN CLERK
100 MAIN STREET
HUNTINGTON NY 11743-6991
(631)351-3206

Date Stamp:

APPLICANT/BUSINESS NAME:

DATE ISSUED:

LICENSE #

FOR OFFICE USE ONLY:

DMV Rcvd _____ DCJS Rcvd _____ Accident Report if applicable _____

Date Issued: _____ Permit#: _____

Clerk Initials: _____

APPLICATION FOR BUSINESS LICENSE: TRANSPORTATION FOR HIRE

(All questions must be answered. Failure to properly complete application may cause delay in issuance of permit. In accordance with Town of Huntington Code, Chapter 180: Taxicabs and Vehicles for Hire, all new applicants and applicants who have not applied in excess of 2 years must be fingerprinted.)

CHECK ALL THAT APPLY: NEW RENEWAL LIC.FEE REC. # _____
 TAXI LIMOUSINE CAR TOP/S _____

PERSONAL DATA:

NAME:

LAST

FIRST

MIDDLE INITIAL

MARITAL STATUS: _____ MAIDEN NAME OR ALIAS: _____

TELEPHONE NO.: () _____ EMAIL ADDRESS _____

SOCIAL SECURITY NO.: _____

ADDRESS

(Local): _____

(Legal/Mailing, if different): _____

RESIDENCE FOR PAST 5 YRS: _____

EYE COLOR: _____; HAIR COLOR: _____; HEIGHT: _____

WEIGHT: _____; AGE: _____; DATE OF BIRTH: _____

PLACE OF BIRTH: _____

U.S. CITIZEN: Yes No NATURALIZATION DATE: _____; PLACE: _____
(If alien, proof of legal entry into United States must be submitted with this application.)

CAN YOU READ AND WRITE ENGLISH: Yes No

ANY CONVICTIONS FOR FELONIES OR MISDEMEANORS OR VIOLATION OF ANY MUNICIPAL ORDINANCES: No Yes

Court: _____; Where: _____; When: _____

Charge/Sentence: _____; Docket/File #: _____

BUSINESS DATA:

BUSINESS NAME (Include D/B/A, if applicable):

ADDRESS:

(Business office must be maintained in Town of Huntington)

TELEPHONE NUMBER/S: _____

PLACE OF BUSINESS FOR PAST FIVE (5) YEARS IF DIFFERENT FROM ABOVE:

Name of Business/Employer: _____

Address: _____

ANY PREVIOUS OCCUPATIONAL LICENSE HELD: No Yes

Type: _____; When: _____; Where: _____

How long: _____; Suspended or revoked: No Yes; Date: _____

Reason for suspension/revocation: _____

NYS SALES TAX I.D. # FOR ALL PERSONS, CORPORATIONS, PARTNERSHIPS, ASSOCIATIONS OR OTHER BUSINESS ENTITIES: _____

PROCESS OR OTHER LEGAL NOTICES MAY BE SERVED ON:

Name: _____; Title: _____

Address: _____

Telephone No.: _____

COPIES OF ANY CERTIFICATES ON FILE WITH A COUNTY CLERK, NYS SECRETARY OF STATE OR OTHER APPROPRIATE OFFICE: No Yes

DOES APPLICANT EMPLOY A TRADE NAME OR ASSUMED NAME, SUCH AS DOING/BUSINESS/AS (D/B/A), CORPORATE OR PARTNERSHIP NAME UNDER WHICH BUSINESS OPERATES: No Yes

State Names: _____
(Attach copy of certificate/s)

ADDITIONAL REQUIREMENTS TO BE MET BEFORE ISSUANCE OF BUSINESS LICENSE:

LIST OF NAMES & ADDRESSES OF VEHICLE OPERATORS ATTACHED: No Yes
(List to be updated during license period to reflect any changes, deletions and/or additions in roster.)

SCHEDULE OF FARES TO BE CHARGED ATTACHED: No Yes
(Schedule to be replaced with updated fares when applicable.)

PLACARD ISSUED BY TOWN CLERK OF "PASSENGER REGULATIONS, RIGHTS AND COMPLAINTS" TO BE POSTED IN EACH LICENSED VEHICLE IN ACCORDANCE WITH §180 -24 OF CHAPTER 180, TAXICABS AND VEHICLES FOR HIRE.

I HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SWEAR THAT SAID ANSWERS ARE TRUE AND ACCURATE. ANY CHANGES WITH REGARD TO INFORMATION REQUIRED HEREIN SHALL BE REPORTED TO THE TOWN CLERK WITHIN THIRTY (30) DAYS OF OCCURRENCE.

(Signature of Applicant)

Subscribed and sworn to before
me this _____ day
of _____, _____

(Date Signed)

Notary Public