

2025

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