

2019

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

Date Stamp:

NAME:

DATE ISSUED:

PERMIT NO.:

FOR OFFICE USE ONLY:
DMV Rcvd \_\_\_\_\_ DCJS Rcvd \_\_\_\_\_ Accident Report if applicable \_\_\_\_\_
Date Issued: \_\_\_\_\_ Permit#: \_\_\_\_\_

Clerk Initials:

APPLICATION FOR OPERATOR'S PERMIT: TRANSPORTATION FOR HIRE

(All questions must be answered. Failure to properly complete application along with results of attached 12 panel standardized drug screening test 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 ONE: [ ] NEW [ ] RENEWAL PERMIT FEE RECEIPT # \_\_\_\_\_

NAME: \_\_\_\_\_
FIRST MIDDLE INITIAL LAST

MARITAL STATUS: \_\_\_\_\_ MAIDEN NAME OR ALIAS: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS
(Local): \_\_\_\_\_

ADDRESS
(Legal/Mailing, if different from above): \_\_\_\_\_

PLACE OF RESIDENCE FOR PAST FIVE (5) YEARS:
\_\_\_\_\_

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, SPEAK AND WRITE ENGLISH: [ ] Yes [ ] No

NYS DRIVER'S LICENSE I.D. #: \_\_\_\_\_; CLASS: \_\_\_\_\_

AUTHORIZATION TO CONDUCT EXAMINATION OF DRIVING RECORD: [ ] Yes [ ] No
(Attach photocopy of driver's license; required.)

**HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?**  Yes  No

Court: \_\_\_\_\_; Date: \_\_\_\_\_; Period of Suspension: \_\_\_\_\_

Reason: \_\_\_\_\_

**HAVE YOU HAD ANY ACCIDENTS?**  Yes  No

**\*\*\*(If "YES" please submit a copy of the Accident Report)\*\*\***

**HAVE YOU HAD ANY MISDEMEANOR OR FELONY CONVICTIONS OR ANY MUNICIPAL ORDINANCE VIOLATIONS:**  Yes  No

Court: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Charge/Sentence: \_\_\_\_\_

Docket/File #(if known): \_\_\_\_\_

**PLACE OF BUSINESS FOR PAST FIVE (5) YEARS:**

Name of Business/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant works/will work for: \_\_\_\_\_  
(Name of Taxi Business in the Town of Huntington)

**ANY VEHICLE OPERATOR TRAINING COURSES TAKEN:**  No  Yes

Date: \_\_\_\_\_ Location: \_\_\_\_\_ (Submit copy of certificate.)

**DOCTOR'S NOTE AND RESULTS OF 12 PANEL STANDARDIZED DRUG SCREENING TESTING AS PER TOWN OF HUNTINGTON TOWN CODE CHAPTER 180 WITHIN THIRTY (30) DAYS PRIOR TO SUBMISSION OF APPLICATION ATTACHED:**  Yes  No

**TWO (2) 2"x2" HEAD AND SHOULDERS PHOTOGRAPHS TAKEN NO LONGER THAN SIXTY (60) DAYS PRIOR TO SUBMISSION OF APPLICATION ATTACHED:**  Yes  No

**I HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SWEAR THAT SAID ANSWERS ARE TRUE AND ACCURATE. I CONSENT TO WRITTEN AND/OR VERBAL COMMUNICATION RELATED TO THE PROCESS OF THIS APPLICATION BETWEEN THE TOWN AND MY PROSPECTIVE EMPLOYER. 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