

ORIGINAL

RENEWAL

Permit # _____



TOWN OF FALLSBURG TAXI CAB APPLICATION



FEE: \$ 150.00 Per Car

LICENSE EXPIRES APRIL 30th, _____

Cab Company Name: _____

Owner Full Name: _____

Give Your Present NYS Driver's License Number: _____

Full Address: _____

Business Phone Number: _____ Cell Phone: _____

Have you previously been licensed to operate a taxi cab in the Town of Fallsburg? _____

Are you familiar with the Town of Fallsburg Taxi Cab/Hack Laws? _____

Insurance Carrier: _____

Policy Number: _____

Permit #	Year	Make	Model	VIN #

I, the undersigned, state that all the information I have given in the foregoing application is true to the best of my knowledge, information and belief.

Owner's Signature: _____

Date: _____

Chief of Police: _____

Date: _____

Town Clerk: _____

Date: _____

FOR OFFICE USE ONLY

Insurance

Driver License

Payment Total: _____

Registration

Inspection

Cash/Check: _____