

ORIGINAL     RENEWAL    Permit# \_\_\_\_\_



# TOWN OF FALLSBURG TAXI DRIVER'S APPLICATION



FEE: \$25.00 per driver                      LICENSE EXPIRES APRIL 30th, \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Give Your Present NYS Driver's License Number: \_\_\_\_\_

Give Legal Address: \_\_\_\_\_

Are you applying for a renewal? \_\_\_\_\_ If so, give name and address of Cab Company: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Answer the following questions "YES" or "NO":

Are you addicted to the use of intoxicating liquors or drugs? \_\_\_\_\_

Have you suffered any physical or mental disability? \_\_\_\_\_

If you answered "YES" to any part of question 11 give full particulars:

\_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Have you been previously licensed as a chauffeur? \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_ If so, give FULL particulars:

\_\_\_\_\_

Give your occupational record for the five years last past: \_\_\_\_\_

\_\_\_\_\_

*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.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Class "E" Driver License     Photo                      Payment Total: \_\_\_\_\_

Doctor Physical                      Cash/Check: \_\_\_\_\_

