

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: _____

