



**CITY OF SARATOGA SPRINGS**  
**PROCEDURES FOR MOTORIZED SPECIAL LIVERY VEHICLE**  
**OWNER LICENSE**

1. Applicant must complete owner's application and receive a copy of the ordinance.
2. The applicant must supply the following information:
  - A. If a partnership or operating under an assumed name, the applicant must file a certified copy of the certificate of partnership or assumed name.
  - B. If a corporation, the applicant must file names and addresses of all corporate officers and stockholders.
  - C. Vehicle list—including photos.
  - D. Copy of registration and insurance card for each vehicle.
  - E. Affidavit from the applicant that each vehicle complies with all requirements of the New York State Vehicle and Traffic Law.
  - F. Signed Hold Harmless agreement.
  - G. Insurance as required by the Hold Harmless Agreement.
  - H. NYS Sales Tax Certificate
3. Applicant must sign the application before a Notary Public or Commissioner of Deeds.
4. **Fees:**
  - A. \$250.00 license fee plus \$50.00 for each vehicle owned or controlled by licensee, payable in cash, money order, or check to "City Clerk."**
  - B. FINGERPRINTING: \$100.00 Money Order Only—Payable to Commissioner of Finance**
5. Once your application has been completed, bring the paper work to the City Clerk's office.
  - A. If you are a first time applicant and not also a driver, we will give you two copies to take to the City Police Department along with the above noted fee for fingerprinting.
  - B. If you are a renewal license, fingerprinting will not be required unless your Motorized Special Livery owner's license has been expired for a period of 6 months or longer.
6. Make an appointment for the fingerprinting with the City Police Department, if required. It will take about one week to get an appointment. The number is:  
**584-1800 ASK FOR ABBEY TEMPLE**



**CITY OF SARATOGA SPRINGS**  
**APPLICATION FOR MOTORIZED SPECIAL LIVERY OWNER LICENSE**

1. Company Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Business phone # \_\_\_\_\_ Manager \_\_\_\_\_
4. Please check the appropriate box:  
 PARTNERSHIP  
 OPERATING UNDER AN ASSUMED NAME  
 CORPORATION  
 INDIVIDUAL

If a partnership or operating under an assumed name, you must file a certified copy of the certificate of partnership or assumed name.

If a corporation, you must file names and addresses of all corporate officers and stockholders.

5. Applicant's full name \_\_\_\_\_
6. Home address \_\_\_\_\_
7. Home phone # \_\_\_\_\_ Social Security # \_\_\_\_\_
8. DMV License # \_\_\_\_\_ License Class \_\_\_\_\_ Expiration Date \_\_\_\_\_
9. Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
10. Color of eyes \_\_\_\_\_ Color of hair \_\_\_\_\_
11. **Place of Birth** \_\_\_\_\_ Date of Birth \_\_\_\_\_
12. Is the applicant currently licensed as a motorized special livery vehicle owner?  YES  NO
13. If yes, in what jurisdictions? \_\_\_\_\_
14. Has the applicant previously been licensed as a motorized special livery vehicle owner?  YES  NO
15. If yes, in what jurisdictions? \_\_\_\_\_
16. Does the applicant currently hold a motorized special livery vehicle owner's license which has been revoked or suspended?  YES  NO
17. If yes, give particulars \_\_\_\_\_  
\_\_\_\_\_

18. Is the applicant a former holder of a motorized special livery vehicle owner's license which has been revoked or suspended?  YES  NO

19. If yes, give particulars \_\_\_\_\_

20. List below information regarding each driver who will be employed to drive a motorized special livery vehicle for this licensee including licensee if applicable: (Must also submit copies of each driver's New York State Driver's license)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATE OF BIRTH</u>	<u>EXPIRATION DATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I do solemnly swear (or affirm) that the answers I have given are true to the best of my knowledge.

\_\_\_\_\_  
Signature of owner

Subscribed and sworn to on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC/COMMISSIONER OF DEEDS

NOTE: THE SARATOGA SPRINGS POLICE DEPARTMENT WILL CONDUCT AN INVESTIGATION OF YOUR BACKGROUND, INCLUDING A FINGERPRINT SEARCH THROUGH THE DIVISION OF CRIMINAL JUSTICE SERVICES. IF IT IS DETERMINED THAT YOU HAVE GIVEN FALSE OR MISLEADING INFORMATION ON THIS APPLICATION, YOUR LICENSE WILL BE SUBJECT TO IMMEDIATE REVOCATION.

IF THIS APPLICATION IS FOR RENEWAL OF YOUR MOTORIZED SPECIAL LIVERY OWNER'S LICENSE, PLEASE BE ADVISED THAT FINGERPRINTING WILL NOT BE REQUIRED. IF YOUR LICENSE HAS EXPIRED FOR A PERIOD OF 6 MONTHS OR MORE, A NEW SET OF FINGERPRINTS WILL BE REQUIRED.

PLEASE BE SURE TO FILL OUT THE ATTACHED MOTORIZED SPECIAL LIVERY VEHICLE LIST.





## CITY OF SARATOGA SPRINGS HOLD HARMLESS

### The City of Saratoga Springs requires:

A Certificate of Insurance naming the City of Saratoga Springs as an ***Additional Insured*** evidencing the following coverages:

- Commercial General Liability: \$1,000,000 per occurrence \$2,000,000 aggregate including completed operations and product liability and personal injury liability insurance ***specific to motorized special livery vehicles for hire***
- Automobile Liability Insurance: \$1,000,000 Combined Single Limit for Owned, Non-owned and Hired Vehicles
- Statutory Workers Compensation, Disability and Employer's Liability Insurance for all employees (*Please note that for this coverage per NYS Law, the City of Saratoga Springs shall not be named as an Additional Insured.*)

The Certificate naming the City of Saratoga Springs as ***Additional Insured*** should be addressed to the attention of:

Department of Accounts  
City of Saratoga Springs  
474 Broadway  
Saratoga Springs, NY 12866  
Attention: City Clerk's Office

The **Motorized Special Livery Owner** acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The **Motorized Special Livery Owner** is to provide the City with a Certificate of Insurance naming the City as ***Additional Insured*** prior to the commencement of any work or use of City facilities. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the municipality.

In the event the **Motorized Special Livery Owner** utilizes a Subcontractor for any portion of the services outlined within the scope of its activities, the Subcontractor shall provide insurance of the same type or types and to the same extent of coverage as that provided by the **Motorized Special Livery Owner**, and shall name the City of Saratoga Springs as an ***Additional Insured*** for all those activities performed within its contracted activities for the contact as executed.

### In all cases, the following hold harmless agreement shall apply:

The **Motorized Special Livery Owner** shall indemnify and save harmless the City, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of **Motorized Special Livery Owner** or its employer, agents or subcontractors.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Motorized Special Livery Owner: \_\_\_\_\_

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

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_



**City of Saratoga Springs**  
**OFFICE OF COMMISSIONER OF ACCOUNTS**

**74 Broadway City Hall**  
**Saratoga Springs, New York 12866**

**Telephone 518-587-3550**  
**Fax 518-587-6512**

**JOHN P. FRANCK**  
COMMISSIONER

**SHARON J. KELLNER-CHILLE**  
DEPUTY COMMISSIONER

NYS statutory workers compensation coverage and disability coverage must be evident before any permit/license can be issued by a municipality.

In compliance with the New York State rules, the City of Saratoga Springs requires proof of NYS statutory workers compensation and disability before any license or permit can be issued. If you need samples of the forms please contact the City Clerk's office.

If you have any questions, please call the NYS workers compensation office at 1-866-750-5157.

To complete the waiver, if qualified to do so, visit [www.wcb.state.ny.us](http://www.wcb.state.ny.us)