



CITY OF SARATOGA SPRINGS **PROCEDURES TO APPLY FOR AN INITIAL TAXI DRIVER'S LICENSE**

1. Applicant must complete the Initial Taxi Driver's Application and have read a copy of the City Ordinance Chapter 215.
2. Application must be signed in front of a Notary Public or Commissioner of Deeds.
3. The applicant must supply the following information:
 - A. Two (2) recent unretouched photographs, taken within the last 30 days – 2"x 2"
WHEN TAKING PHOTOGRAPHS YOU MAY NOT WEAR A HAT, SCARVES OR SUNGLASSES.
 - B. Certified copy of applicant's driving record, obtained by the applicant from the NYS Department of Motor Vehicles. Must be dated within the past 10 days.
*Make sure that NYS DMV has your current license class and current address on file before they print your abstract. The license class and addresses on your abstract, driver's license, and application must match. If they do not match your application will not be accepted.
 - C. A copy of the applicant's current NYS Driver's License.
*License must be class A, B, C, or E.
4. The following payments are required:
 - A. \$25.00 cash, check or money order-payable to City Clerk for all first time licenses.
 - B. \$100.00 money order only-payable to Commissioner of Finance for the cost of fingerprinting.
5. Once your application has been completed, bring your paper work into the City Clerk's Office. Applicants requiring fingerprinting will be contacted by the Saratoga Springs Police Department for an appointment.
6. When you go to your fingerprinting appointment, bring your current NYS Driver's License, money order payable to Commissioner of Finance in the amount of \$100.00, and if applicable proof of your working status.



**CITY OF SARATOGA SPRINGS APPLICATION FOR
INITIAL TAXI DRIVER'S LICENSE**

1. Full name _____
List any other names you have used in the past _____
List any name under which you have been granted a driver's license (if the name differs from the one you are now using) _____
2. Street address _____
City, State, Zip Code _____
3. Phone # _____ Social Security Number _____
4. Eye Color _____ Hair Color _____ Age _____ Height _____ Weight _____ Gender _____ Race _____
Ethnicity(circle one) Hispanic or Non-Hispanic Date of Birth _____ Place of Birth _____
5. New York State Driver's License Identification # _____ License Class _____
6. Have you been a resident of New York State for the past 5 years? Yes ___ No ___ If no, list previous address(es):
_____ From _____ To _____
_____ From _____ To _____
7. Are you a U.S. Citizen? ___ Yes ___ No (If No, you are required to provide documentation of your U.S. working status. Resident alien registration number _____).
8. Taxi company you are applying to work for _____
Taxi company phone number _____ Supervisor's Name _____
9. Are you subject to any medical condition or any infirmity of mind or body which might render you incapable or unfit to safely operate a motor vehicle? ___ Yes ___ No
If yes, give particulars _____
10. Are you able to read and write the English language? ___ Yes ___ No
11. Are you addicted to any alcoholic beverages or controlled substances? ___ Yes ___ No
12. Have you ever been convicted of a crime? ___ Yes ___ No
If yes, give the following information: (additional sheets may be attached if needed)
State _____ City _____ Date _____
Original Charge _____

Facts of original charge _____

YOU MUST ALSO ATTACH A CERTIFICATE OF DISPOSITION FOR EACH CHARGE.

13. Do you have any currently pending legal matters in court? ___ Yes ___ No

If yes, what court? _____ Date of original charge _____

What was the original charge? _____

14. Have you ever received a citation for a violation of the Code of the City of Saratoga Springs? ___ Yes ___ No

Date _____ What was the citation for? _____

15. Have you ever been or are you currently licensed as a taxi driver? ___ Yes ___ No

If yes, in what municipalities? _____

If yes, has your license ever been revoked? ___ Yes ___ No If yes, for what cause? _____

The Licensee shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees, from and against all claims, damages, losses and expenses including, but not limited to attorneys' fees, arising out of or resulting from the licensed activity, sustained by any person or persons, provided 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 Licensee or its employees or its agents.

I certify or declare under penalty of perjury under the laws of the State of New York that I have answered all of the preceding questions and that the information contained herein foregoing is true and correct. I understand that falsification of answers given or material submitted will result in denial of this application and/or denial, suspension or revocation of my taxi license. I hereby authorize the Saratoga Springs Police Department and the Office of Risk and Safety to use the information I have provided to check criminal histories, arrest and driving records and warrant information and enrollment in the NYS LENS Program; and for the agencies so listed to provide these records to the Commissioner or Accounts and/or his/her designee to determine my eligibility for a Taxicab Driver's License. I understand that the information contained within the criminal background investigation is confidential, except that it may be conveyed to other law enforcement or licensing agencies.

The Saratoga Springs Police Department will conduct an investigation of your background which includes fingerprint searches through the Division of Criminal Justice Services. If it is determined that you have given false or misleading information on this application, any City license issued to you will be subject to immediate revocation.

Print Name of Applicant

Signature of Applicant

Subscribed and sworn to on this ___ day of _____, 20 ___ before me.

Notary Public or Commissioner of Deeds