



CITY OF SARATOGA SPRINGS **PROCEDURES FOR AN INITIAL TAXI OWNER'S LICENSE**

1. Applicant must complete the Initial Taxi Owner's Application and have read a copy of City Ordinance Chapter 215.
2. Applicant must sign the application in front of a Commissioner of Deeds or a Notary Public.
3. 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 the names and addresses of all corporate officers and stockholders.
4. For each vehicle, the applicant must submit:
 - A. Insurance card.
 - B. Verification of registration issued by the NYS Department of Motor Vehicles for use as a taxicab.
 - C. If the vehicle(s) is not registered to the person making this application, attach a copy of the contract or lease giving the applicant possession or control of the taxi(s).
5. Must show proof of insurance.
 - A. NYS Statutory Worker's Compensation and Disability Insurance. If you are the only owner and only driver you may qualify for a waiver. Complete the waiver application online at <http://www.wcb.ny.gov/>.
 - B. If you qualify per NYS WCB, print the waiver form from the internet, sign and date the bottom. Certificate of insurance, including a detailed inventory of each vehicle to be licensed by the applicant, evidencing Commercial Automobile Liability Insurance in the amount mandate by NYS.
6. The following payments are required:
 - A. \$100.00 - cash, check, or money order payable to City Clerk for each taxicab to be licensed.
 - B. \$100.00 money order only-payable to Commissioner of Finance for cost of fingerprinting. If you are also applying for an initial taxi driver license, you will only pay one fingerprinting fee. If you are currently licensed as a taxi driver in the City of Saratoga Springs you are not required to be fingerprinted.
7. Once your application has been completed, bring your paperwork into the City Clerk's office.
8. If you are required to be fingerprinted the Saratoga Springs Police Department will contact you to make an appointment. 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 OWNER'S LICENSE

Company Information

1. Company Name: _____
2. Manager's Name: _____ Company Phone #: _____ Fax #: _____
3. Check which applies: Partnership: _____ Corporation: _____ Doing Business As: _____ Individual: _____
If a Partnership or Doing Business As, you must file a copy of the applicable certificate.
If a Corporation, you must file a copy your articles of organization.
4. Company Street Address: _____
City, State, Zip Code: _____
5. Company Mailing Address: _____
City, State, Zip Code: _____
6. Business address of 24 hour dispatch center: _____
7. List address/location where drivers will pick-up and drop-off taxicab vehicle(s) at shift change: _____

8. Number of vehicles you are applying to license _____. Specify all vehicles on page 4 of this application.

Applicant's Information

1. Name: _____ Title: _____
2. Street Address: _____
City, State, Zip Code: _____
3. Phone Number: _____ Social Security Number: _____ Email: _____
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) below:
_____ 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. Have you ever been convicted of a crime? ___ Yes ___ No
If yes, give the following information. Use additional sheets if needed.
State: _____ City: _____ Date: _____
Original Charge: _____
Facts of Original Charge: _____

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

9. 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? _____
10. 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? _____
11. Have you ever been or are you currently licensed as a taxi owner? ___Yes___No
 If yes, in what municipalities? _____
 If yes, has your license ever been revoked? ___Yes___No If yes, for what cause? _____
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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, death, 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 taxicab 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 records, driving records, warrant information, and to enroll me 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 owner'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 that may have been 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

LIST ALL VEHICLES YOU WOULD LIKE TO LICENSE

1. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
2. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
3. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
4. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
5. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
6. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
7. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
8. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
9. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____
10. Make _____ Model _____ Color _____ Year _____ License Plate _____
VIN _____ Passenger Seating Capacity _____

In addition to the above information you must also supply:

1. Valid insurance card(s) for each vehicle.
2. Valid registration issued by the New York State Department of Motor Vehicles for each vehicle to be used as a taxi.
3. If the applicant is not the person to whom the vehicle is registered, a copy of the contract or lease agreement giving the applicant possession or control of the vehicle.
4. A valid certificate of insurance showing proof of commercial automobile livery insurance including a detailed inventory of each vehicle licensed by the applicant.
5. Valid certificates of insurance evidencing proof of NYS Statutory Worker's Compensation and Disability Insurance.