



## CITY OF SARATOGA SPRINGS CHECKLIST FOR A TAXI DRIVER'S LICENSE

1. Complete and execute the City's Taxi Driver's (Hack) Application.
2. Sign the Application in front of a Notary Public or the City's Commissioner of Deeds.
3. Provide three (3) recent un-retouched photographs two (2) inches by two (2) inches with no hat, scarf or sunglasses taken within the last thirty (30) days.
4. A certified copy of your NYS Department of Motor Vehicles Driving Abstract dated within the last ten (10) days.
5. A copy of your current NYS Drivers License that must be a Class E or CDL.
6. Provide one of the following payments:
  - a. First Time License: Twenty Five Dollar (\$25) cash, certified check, or money order payable to City Clerk for your Application.
  - b. Renewal License: Fifty Dollar (\$50) cash, certified check, or money order payable to City for your Application.
7. If this is your first application, you are required to be fingerprinted by the Saratoga Springs Police Department. The Police Department will contact you to make an appointment. When you go to your fingerprinting appointment, please bring the following documentation with you:
  - a. Your current NYS Driver's License;
  - b. Proof of your working status if you are not a U.S. citizen; AND
  - c. Money order or certified check payable to Commissioner of Finance in the amount of One Hundred Dollars (\$100).
    - i. If you are also applying for an initial taxi driver license, you will only pay one fingerprinting fee.
    - ii. If you are currently licensed as a taxi driver in the City of Saratoga Springs you are not required to be fingerprinted.
8. The City will only accept your application if all of the required material is provided at the time of your application. Incomplete applications will be not be accepted for processing. A Taxi Drivers (Hack) License will be issued upon approval of the terms and conditions of Chapter 215 of the City Code.



CITY OF SARATOGA SPRINGS APPLICATION FOR A TAXI DRIVER'S LICENSE

\_\_\_ Initial Taxi Driver Application

\_\_\_ Renewal Taxi Driver Application

Applicant's Information:

- 1. Name:
2. Address:
3. Email:
4. Phone Number: Social Security Number:
5. Eye Color: Hair Color: Age: Height: Weight: Gender: Race:
Ethnicity (circle one): Hispanic or Non-Hispanic Date of Birth: Place of Birth:
6. New York State Driver's License Identification #: License Class:
7. Have you been a resident of New York State for the past 5 years? Yes No
If no, list previous address(es) below:
8. Are you a U.S. Citizen? Yes No If no, please provide your Resident alien registration number
9. Initial Application Only: Have you ever been convicted or plead guilty of a crime? Yes No
Renewal Application Only: Have you ever been convicted or plead guilty of a crime since the date of your last application? Yes No
10. Do you have any pending legal matters in court? Yes No
11. Have you ever been or are you currently licensed as a taxi driver in any other municipality? Yes No
12. Are you addicted to any alcoholic beverages or controlled substances? Yes No
13. Are you able to read and write in English? Yes No
14. Are you subject to any physical or mental medical conditions which might render you incapable or unfit to safely operate a motor vehicle? Yes No
15. Company Name you will be working for:
16. Manager's Name you will be working for: Company Phone #: Fax #:
17. Company Street Address:
City, State, Zip Code:

I agree to:

- Maintain a current and valid Class E or CDL New York State Driver's License, and register with and be subject to the City's participation in the New York State LENS program;
- Be continually neat and clean in dress and appearance and have no conditions that impair my ability to safely operate a taxicab under this license;
- Meet the standards as embodied in Article 23-A of the Correction Law of the State of New York;
- Respect the City's "Passenger Bill of Rights;" AND
- Accept passenger payment in cash and/or by credit/debit card as required by Chapter 215.

I 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 I as the licensee.

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 driver's (Hack) 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.

**I understand that if it is determined that I have given false or misleading information on this application, or that I have failed to abide by the provisions of Chapter 215 of the Code of the City of Saratoga Springs, any City license that may have been issued to me will be subject to immediate revocation in accordance with the provisions herein.**

Print Name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Subscribed and sworn to on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

**For Office Use Only:**

Code Enforcement: \_\_\_\_\_  
 Police Department: \_\_\_\_\_  
 Risk and Safety: \_\_\_\_\_  
 Payment Type: \_\_\_\_\_

**Date of Issuance:** \_\_\_\_\_