

ITHACA POLICE DEPARTMENT TAXI CAB DRIVER'S LICENSE APPLICATION

Please print in ink or use typewriter

- 1. Name _____
 - 2. Address _____
 - 3. Phone _____
 - 4. Age _____ 5. Date of Birth _____
 - 6. Place of Birth _____ 7. Married Single
 - 8. Color ___ Sex ___ Height ___ Weight ___ Hair ___ Eyes ___
 - 9. Where have you lived in the past five years: (Give Addresses)
- _____
- _____
- _____

THIS BOX FOR OFFICE USE ONLY	
License	
No. _____	
Date Effective _____	
Date	
Expires _____	
Approved	
By _____	
Title _____	Chief of Police _____

PHOTO OF DRIVER

- 10. Previous Employment, including dates, for the past five years:
- _____
- _____
- _____
- _____

- 11. How long have you been a resident of N.Y. State ? _____
- 12. Last school attended _____

13. U.S. Citizen: Yes No Naturalized

14. Have you ever been convicted of any felony or misdemeanor? No Yes If Yes, list below.

Date of Conviction	Charge	Disposition
_____	_____	_____
_____	_____	_____

15. Are you addicted to the use of intoxicating liquors or any habit forming drug ? Yes No

16. Have you any mental or physical incapacity or infirmity of which you are aware, which would in any way interfere with the proper management and control by you of a motor vehicle? No Yes If Yes, explain.

17. New York State Chauffeur's License Number _____ Expires _____

18. Has your Driver's/Chauffeur's License ever been suspended or revoked ? Yes No

19. If Yes, when ? _____ For what reason ? _____

20. Have you been previously licensed as a taxicab driver ? Yes No

If yes, where ? _____

21. Has any Cab License, or any type permit or license, for the operation of a public conveyance, for hire, either public or private, ever been suspended or revoked? Yes No If Yes, when ? _____

For what reason ? _____

Date of Application _____ Signature of Applicant _____

ITHACA POLICE DEPARTMENT
TAXI CAB DRIVER'S LICENSE APPLICATION
REQUIREMENTS AND INSTRUCTIONS

- I. Applications that are torn or soiled will be refused.
- II Applications must be accompanied by two (2) unmounted and unretouched, approved color photographs, size 2" x 2 1/2", of the applicant's face giving a front view of the face only; the applicant not wearing any hat or cap. Such photograph must be taken within thirty days of the filing of this application.
- III. Applicants must have a thorough knowledge of the taxicab and traffic ordinances of the City of Ithaca and of the geography of the City of Ithaca. All applicants will be subject to an examination as to their fitness when applying for a license. Failure to answer questions properly will result in the postponement of the issuance of a license, until such time as the applicant may become familiar with the ordinances of the City of Ithaca and the various locations of theaters, stores, public buildings, hotels, parks, etc.
- IV. All licenses shall expire one year from the date of issuance, unless previously suspended or revoked.
- V. The license fee for each license will be \$10.00 annually and for each renewal thereof \$5.00. In event of loss of license, replacement fee shall be \$2.00.
- VI. Taxi Cab Driver's License Required; Qualifications - Section 232-57, Ithaca Municipal Code

No person shall operate or drive a taxicab without having in force and effect, a taxicab driver's license in accordance with the provisions of this Article. No person shall be issued a taxicab driver's license unless such person:

- A. Has a valid New York State Chauffeur's License.
- B. Is over the age of eighteen (18) years.
- C. Is of sound mind and body, with good eyesight and not subject to any infirmity of mind or body which renders the applicant incapable or unfit to safely operate a taxicab for hire. Each applicant shall produce a physician's certificate dated not more than thirty (30) days prior to the application certifying that the applicant is physically qualified to operate a motor vehicle.
- D. Is clean in dress and person and not addicted to either intoxicating liquor or to the use of drugs.
- E. Shall not have been convicted of a felony involving violence, dishonesty, deceit or indecency nor any sexual offense.
- F. Shall not have been convicted of driving while ability impaired or intoxicated due to alcohol or drugs while operating a taxicab.
- G. Shall not have been convicted of leaving the scene of an accident which resulted in personal injury or death for five (5) years from the date of the last conviction.
- H. Shall not have been convicted, as a first offense, for any violation of driving while ability impaired or intoxicated due to alcohol or drugs for five (5) years from the date of conviction.
- I. Shall not have been convicted, as a second offense, for any violation of driving while ability impaired or intoxicated due to alcohol or drugs.

Any false statement in this application will be sufficient cause for refusal of application or revocation of license.

I have received, read and understand the operating regulations for taxicab drivers, as they pertain to Section 232-69 of the Ithaca City Municipal Code.

Signature Of Applicant

**ITHACA POLICE DEPARTMENT
TAXI CAB DRIVER'S LICENSE APPLICATION
PHYSICIAN'S CERTIFICATION**

This is to certify that I have personally examined _____

the applicant named in the within application, and find the applicant to be of sound physique with good eyesight, not subject to epilepsy, vertigo, heart trouble, or any other infirmity of the body or mind, which might render the applicant unfit for the safe operation of a public taxi cab.

(If physician is unable to certify as above, state below what medical problems the applicant possesses.)

Name of Applicant (Please Print)
(Physician must fill in applicant's name)

Physician's Name (Please Print)

Physician's Signature

Physician's Address

Physician's Telephone No.

Date of Examination

ITHACA POLICE DEPARTMENT
LICENSE APPLICANT PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize you to furnish the Ithaca Police Department any and all information that you may have concerning me, my criminal record, driving record, my work record, school record, my reputation, my financial and credit status. Please include any and all medical, physical and mental records or reports including all information requested. This information is to be used to assist the Ithaca Police Department in determining my qualifications to obtain a license to be issued by the Ithaca Police Department.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature

Applicant's Name _____ <small>(Last, First, Middle)</small>	Date of Birth _____
Address _____	

AFFIDAVIT

STATE OF NEW YORK :

CITY OF ITHACA :

Before me personally appeared the said _____
who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, 19____ .

Notary Public