

VILLAGE OF DOBBS FERRY

APPLICATION FOR TAXICAB DRIVER'S LICENSE

I, the undersigned, do hereby make application to drive a taxicab in the Village of Dobbs Ferry, New York:

Name & Residence: _____ _____ _____ _____	Age: _____  Date & Place of Birth: _____ _____	If not U.S. born, date and place of naturalization: _____ _____ _____
Length of residence in Dobbs Ferry: _____ _____	N.Y.S. Chauffeur's License Number: _____ _____	Number of years driving experience: _____ _____

NAMES AND ADDRESSES OF EMPLOYERS AND OCCUPATIONS FOR PAST FIVE YEARS:

Year	Employer	Address	Occupation

PERSONAL DESCRIPTION:

Race: _____	Sex: _____	Weight: _____
Height: _____	Color of Eyes: _____	Color of Hair: _____

_____ Police Chief	Approved: _____ Yes                  No	Fee: \$20.00
_____ Dated	_____ Renewal          1 <sup>st</sup> Application	Expiration: 12/31/200

I do hereby certify that I am of sound physique, with good eyesight and not addicted to the use of drugs or intoxicating liquors. I agree to conform to all of the provisions of the Taxicab Ordinance of the Village of Dobbs Ferry, New York.

STATE OF NEW YORK                    )  
COUNTY OF WESTCHESTER        )       ss:  
VILLAGE OF DOBBS FERRY        )

\_\_\_\_\_, being duly sworn, deposes and says that he is the person making the foregoing application for a Taxicab Driver's License; that the answers to the foregoing questions are in all respects correct and true.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Taxicab Driver License #. \_\_\_\_\_ Issued on \_\_\_\_\_

Attach a 2"x2" full-face photograph taken within thirty (30) days preceding filing.

Furnish one additional identical photograph.