

ORIGINAL

RENEWAL



TOWN OF FALLSBURG TAXI CAB APPLICATION



FEE: \$ _____

LICENSE EXPIRES APRIL 30th, _____

1. Cab Company Name: _____
2. Owner Full Name: _____
3. Give Your Present NYS Driver's License Number: _____
4. Full Address: _____
5. Home Phone Number: _____ Cell Phone: _____
6. Have you previously been licensed to operate a taxi cab in the Town of Fallsburg? _____
7. Are you familiar with the Town of Fallsburg Taxi Cab/Hack Laws? _____
8. Insurance Carrier: _____
9. Policy Number: _____

Permit #	Year	Make	Model	VIN #

I, the undersigned, state that all the information I have given in the foregoing application is true to the best of my knowledge, information and belief.

Owner's Signature: _____

Chief of Police: _____

Town Clerk: _____

Date: _____



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Permit # _____

TOWN OF FALLSBURG TAXI CAB LICENSE

EXPIRES APRIL 30th, _____

Cab Company Name: _____

Owner's Full Name: _____

Address: _____

Post Office: _____ State: _____

Home Phone: _____ Cell: _____

ANY ALTERATIONS VOIDS THIS LICENSE

LICENSED VEHICLE INFORMATION

Year: _____ Make: _____

Model: _____ Color: _____

VIN #: _____

Owner Signature Date

Chief of Police Date

Town Clerk Date

