

ORIGINAL

RENEWAL



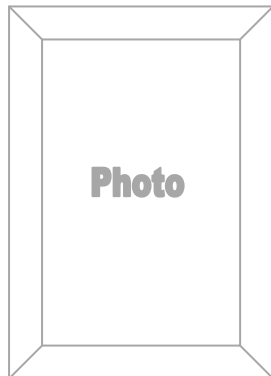
TOWN OF FALLSBURG TAXI DRIVER'S APPLICATION



FEE: \$ _____

LICENSE EXPIRES APRIL 30th, _____

1. Print Full Name: _____
2. Give Your Present NYS Driver's License Number: _____
3. Give Legal Address: _____
4. Are you applying for a renewal? _____ If so, give name and address of Cab Company: _____
5. Date of Birth: _____
6. Sex: _____ 7. Weight: _____ 8. Height: _____ 9. Eye Color: _____
10. Color of Hair _____
11. Answer the following questions "YES" or "NO":
Are you addicted to the use of intoxicating liquors or drugs? _____
Have you suffered any physical or mental disability? _____
12. If you answered "YES" to any part of question 11 give full particulars: _____
13. Have you ever been arrested to convicted of any felony or misdemeanor? _____
If so, give FULL particulars: _____
14. Are you a citizen of the United States? _____
15. Have you been previously licensed as a chauffeur? _____
16. Has your license ever been suspended or revoked? _____ If so, give FULL particulars: _____
17. Give your occupational record for the five years last past: _____



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.

Applicant's Signature: _____

Chief of Police: _____

Town Clerk: _____



Date: _____

ORIGINAL

RENEWAL

TOWN OF FALLSBURG TAXI DRIVER'S LICENSE

EXPIRES APRIL 30th, _____

Cab Company Name: _____

Print Full Name: _____

Address: _____

Post Office: _____ State: _____

N.Y.S. Drivers License I.D. # _____

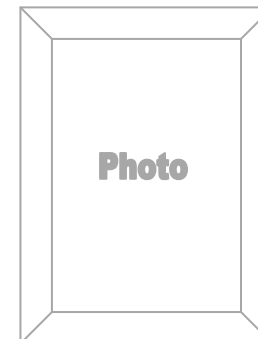
ANY ALTERATIONS VOIDS THIS LICENSE

Date of Birth: _____ Sex: _____

Weight: _____ Height: _____ Eye Color: _____

Color of Hair: _____

Date: _____



Photo

Applicant Signature

Chief of Police

Town Clerk

