AUBURN POLICE DEPARTMENT
Taxi Cab Driver's License Application
Requirements and Instructions

APPLICATIONS WILL BE ACCEPTED AT THE POLICE IDENTIFICATION BUREAU **BY APPOINTMENT ONLY**. PLEASE CONTACT LAWRENCE CHURCH @ 315-255-4701.

1. Applications that are torn or soiled will be refused.
2. All applicants are required to fill out the City of Auburn Police Dept. Taxi Cab Driver's License Application, and be photographed by a designated employee (if new applicant).
3. The application fee for a new license is $45.00, and $30.00 for each yearly renewal. **Cash or check, made payable to "Auburn City Treasurer"** must be submitted at the time of application.
4. Applicants must have a thorough knowledge of the taxicab and traffic ordinances of the city of Auburn and the geography of the city.
5. Applications will be reviewed, and once approved, applicant will return to pick up Taxi Cab license ID card.
6. All licenses shall expire one year from the date of issue unless previously suspended or revoked.
7. In event of loss of license, the replacement fee shall be $20.00.
8. **Taxi Licenses are property of the Auburn Police Department and will be surrendered upon demand. If applicant's NYS Driver's License is suspended or revoked, applicant must surrender taxi license immediately to the Auburn Police Department. Failure to do so may result in permanent revocation of applicant's Taxi License.**

SECTION 23.3 TAXICAB DRIVER'S LICENSE (AUBURN CITY CODE)

A. Qualifications

Each applicant for a taxicab driver's license shall have the following qualifications:

1. Must have a valid chauffeur's license from the State of New York.
2. Must be 18 years of age or over.
3. Must be able to read, write and speak the English language.
4. Must not be addicted to the use of intoxicating liquor, or of drugs, and must be neat in dress and person.
5. Must fill out designated application to be provided by the Chief of Police, and shall be filed by the Chief of Police as a permanent record.
6. The Chief of Police may require of any applicant such additional information as he/she may deem necessary to clarify or more fully explain any of the statements made in the application.
7. **PLEASE ALLOW AT LEAST FIVE (5) BUSINESS DAYS FOR PROCESSING.**

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 Chapter 23 of the Auburn City Code.

6/11 _____ Signature of Applicant _____ Date

CITY OF AUBURN
"History's Hometown"
Department of Police
Brian A. Neagle
Chief of Police

LICENSE APPLICANT
PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize you, the Auburn Police Department, to furnish any and all information that you may have concerning me, any criminal record, my driving record, 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 Auburn Police Department in determining my qualifications to obtain a license to be issued by the Auburn 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 Name (Please Print) Date of Birth

_____ _____
Applicant's Signature Date

_____
Address

AFFIDAVIT

STATE OF NEW YORK:
COUNTY OF _____:
CITY / TOWN OF _____:

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 _____20_____

_____
Notary Public / Commissioner of Deeds

City of Auburn Police Department
Identification Bureau
46 North Street, Auburn, NY 13021

Taxi Cab Driver's License Application
(please print clearly)

LEGAL NAME:_____ _____ _____
LAST FIRST M.I.

ADDRESS: _____

CITY:_____ STATE:_____ ZIP:_____ PHONE:_____

SEX:_____ RACE:_____ HAIR COLOR:_____ EYE COLOR:_____ HEIGHT:_____

WEIGHT:_____ DATE OF BIRTH:_____ AGE:_____ SS#:_____

Have you ever been known by any other name? No ☐ Yes ☐ If yes, list all other names:

New applicants - Have you ever been convicted of a felony or misdemeanor in this country or any foreign country? No ☐ Yes ☐
(If yes, complete the table below)

Rewewing applicants - Have you been convicted of a felony or misdemeanor in this country or any foreign country since the date of your last application? No ☐ Yes ☐
(If yes, complete the table below)

Date of Conviction	Charge	Disposition	Location

Employment: Give Employer name and dates for the past five years. Start with the most recent or current:
(Renewing applicants - only give current employer and include taxi license number (TD#) and expiration date)

List all the places you have lived for the past five years. Start with the most recent (new applicants only):

City of Auburn Police Department
Identification Bureau
46 North Street, Auburn, NY 13021

Taxi Cab Driver's License Application
(please print clearly)

NYS Chauffeur's License #:_____ Expiration Date:_____

Has your NYS Driver's / Chauffeur's license been suspended or revoked since the date of your last application? No ☐ Yes ☐ If yes, when and why?_____

I have answered the above questions to the best of my knowledge and recollection and I understand that any false statements made herein are punishable as a CLASS A MISDEMEANOR pursuant to section 210.45 of the Penal Law of the State of New York.

Signature:_____ Date:_____

DO NOT WRITE BELOW – OFFICE USE ONLY

Witness:_____ Date:_____

ID Shown:_____

Valid Dates:_____ Approved by :_____ TD#:_____