

AUBURN POLICE DEPARTMENT

Taxi Cab Driver's License Application

Requirements and Instructions

APPLICATIONS WILL BE ACCEPTED AT THE AUBURN POLICE DEPARTMENT (IDENTIFICATION BUREAU), BY APPOINTMENT OR WALK IN. PLEASE CONTACT LAWRENCE CHURCH @ 315-255-4701.

1. All applicants (new or renewed) are required to fill out the City of Auburn Police Dept. Taxi Cab Driver's License Application, and be photographed by a designated employee.
2. The application fee for a new license is \$45, and \$30 for each yearly renewal. **Applicants who do not renew their license before the expiration date on their current license will be required to follow the process for application and issuance of a new original license.**
3. Cash or check is accepted, payable to "Auburn City Treasurer". Payment must be submitted at times of application. **Payment is non-refundable, even if applicant is disapproved.**
4. Auburn Police Department personnel will register applicant through fingerprinting service, Identogo, at date and time appointed by applicant. This requires a separate fee payable to Identogo/DCJS at time of fingerprinting. Fingerprinting services provided at New Beginnings, 12-14 E. Garden St., Auburn.
5. Applications, and fingerprint background check will be reviewed, and once approved, applicant will return to pick up Taxi Cab license ID card.
6. Applicants must have a thorough knowledge of the taxicab and traffic ordinances of the City of Auburn and the geography of the City.
7. All licenses shall expire one year from the date of issue unless previously suspended or revoked.
8. In the event of loss of license, the replacement fee shall be \$20.00
9. 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.

CHAPTER 268

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. The Chief of Police (or designated employee) may require of any applicant such additional information as he/she deem necessary to clarify or more fully explain any of the statements made in the application.
6. **No license shall be granted to a person who has been convicted of a felony. Where the felony conviction is a crime against property, at the discretion of the Chief of Police, a probationary license shall be issued. In addition, at the discretion of the Chief of Police, persons convicted of misdemeanors involving crimes against persons and/or crimes which are alcohol- or drug-related may be denied a license.**
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.



"Expect Excellence"

CITY OF AUBURN

Department of Police

James T. Slayton

Chief of Police

Timothy A. Spingler

Deputy Chief of Police

LICENSE APPLICANT
PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize you to furnish the Auburn Police Department 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



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Department of Police

James T. Slayton

Chief of Police

Timothy A. Spingler

Deputy Chief of Police

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 been convicted of a felony or misdemeanor in this country or any foreign country?(If yes, complete the table below). No ☐ Yes ☐

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

Year fingerprints were last taken (fingerprints must be retaken every 3 years):

Failure to disclose any and all convictions may result in denial or revocation of license.

Date of Conviction	Charge	Disposition	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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):



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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#: _____