

Non-Emergency Calls:
Patrol Services Division: (914) 241-1100
Detective Division: (914) 666-3855
Youth Bureau: (914) 241-8945

Emergency Calls: (914) 666-5146
Fax: (914) 241-3004



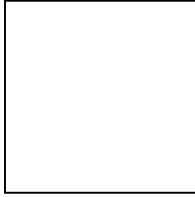
RICHARD A. FLYNN POLICE HEADQUARTERS
VILLAGE/TOWN OF MOUNT KISCO

Louis M Terlizzi
ACTING CHIEF OF POLICE

POLICE DEPARTMENT
WESTCHESTER COUNTY, NEW YORK
40 Green Street, Mount Kisco, New York 10549-0150

TAXI DRIVER'S LICENSE APPLICATION

PHOTO



Fee: _____
License # _____
License Year _____
Date of Issuance: _____
Blotter #: _____

**** PLEASE ATTACH A PHOTO COPY OF YOUR DRIVER'S LICENSE**
THREE (3) PHOTOGRAPHS, FULL FACE, TAKEN WITHIN
THE PRECEDING 30 DAYS**

Full Name:

Last Name First Name Middle Name (As it appears on your state issued license)
Street Address (No Post Office Box) _____
City & State: _____ Tel. Num: _____
Date of Birth: _____ Place of Birth: _____
Height: _____ Weight: _____ Sex: _____ Eye Color: _____ Hair Color: _____
Marital Status: _____ Social Security Number: _____
Are you're a US Citizen? _____

Prior Address (during five previous years, with dates provided for each place of residence)

Cab Company Name and Address:

Name and Address of all previous employment during the five years previous to this application:

New York State Chauffeur's License #: _____

Addicted to Alcohol (Yes/No)?: _____ Addicted to Drugs (Yes/No)?

List any medical conditions, illnesses or other disabilities that might impact your ability to operate a cab (including the need to wear glasses):

Have you ever been arrested? (Please include place and date of any felony and misdemeanor charges regardless of whether the ultimate disposition resulted in felony or misdemeanor convictions.)

Has your drivers license ever been suspended or revoked?: _____ If so, please include place, date and description of any revocations or suspensions of licenses:

Were you every issued any previous licenses from the Village?: _____ If so, please include date and description of license issued:

Has any license issued to you by the Village ever been suspended or revoked?: _____ If so, please include date, type of license and reason for revocation:

Name of Taxicab Company Owner or Authorized Representative:

Signature of Owner or Representative

Date

I HEREBY CERTIFY THAT ALL STATEMENTS OF MINE THAT APPEAR ON THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

NOTICE: PURSUANT TO THE PENAL LAW, SECTION 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:

POLICE DEPARTMENT RECOMMENDATION:

- APPROVE**
- DISAPPROVE /REASON**

DATE: _____

Officer's Signature

Application Fee Paid: _____ (Cash Check Money Order)

Date: _____

Fingerprint Fee Paid: _____ (Cash Certified Check Money Order)

Date: _____

Fingerprint Card Mailed – DCJS: _____ **Date:** _____ **Check #** _____ **Response**

Date: _____

Temporary License Issued: _____ **Date:** _____ **Number:** _____

Date: _____