

**APPLICATION FOR
BUSINESS OWNER LICENSE:
TRANSPORTATION FOR HIRE**

Please type or print clearly

For Office Use Only

License #: _____

Date: _____

Initials: _____

Exp. Date _____

Lic. Mailed _____

Lic. Picked Up _____

BUSINESS OWNER'S PERSONAL DATA

Date: ____/____/____

Name: _____
 LAST FIRST MI

Any names previously used: _____

Marital Status: _____ Maiden name or Alias: _____

Telephone No: (____) _____ Social Security Number: _____

Address (Local): _____

Mailing/Legal (if different from above): _____

Place of residence for past five (5) years: _____

Eye Color: _____ Hair Color: _____ Height: _____

Weight: _____ Date of Birth: _____ Place of Birth: _____

Relationship to Business: ___ Sole Proprietor/Owner ___ Partner ___ Corporate Officer

Have you been convicted of a crime (felony or misdemeanor), or violation of any law, including but not limited to municipal ordinances and local laws (not including traffic and/or parking violations):

_____ YES _____ NO

If Yes: Court: _____

Location: _____ Conviction Date: _____

Convicted of (Law / Ordinance): _____

Disposition / Sentence : _____

Use additional paper if necessary

BUSINESS DATA:

Full Business Name: _____

Principal Business Address: _____

Business Telephone: (____) _____ Federal Tax ID Number (EIN): _____

Business Entity: ____ Individual ____ DBA ____ Partnership ____ Corporation
State of Incorporation _____

Are there copies of any business certificates, registrations or filings on file with County Clerk, NYS Secretary of State, or other government agency: ____ Yes ____ No

Where (if yes): _____ * Attach copy if applicable

How long operating under this business name: _____

Place(s) of business for past five (5) years if different from above: *Use additional paper if necessary*

Name of Business/Employer: _____

Address: _____

Any previous occupational license held: ____ Yes ____ No

If Yes: Type: _____ When: _____ Where: _____

How long: _____ Suspended or revoked: _____

Date, duration, and reason for revocation or suspension: _____

I HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SWEAR THAT SID ANSWERS ARE TRUE AND ACCURATE. ANY CHANGES WITH REGARD TO INFORMATION REGARDING NAME, RESIDENCE, BUSINESS LOCATION AND/OR ANY CHANGES IN THE TELEPHONE NUMBER OF THE PERSON DESIGNATED FOR SERVICE OF LEGAL PROCESS SHALL BE REPORTED IN WRITING TO THE TOWN CLERK WITHIN SEVEN (7) DAYS OF OCCURRENCE. ALL OTHER CHANGES SHALL BE REPORTED TO THE TOWN CLERK WITHIN THIRTY (30) DAYS OF OCCURRENCE.

I ACKNOWLEDGE THAT CHAPTER 226 OF THE EAST HAMPTON TOWN CODE ENTITLED, *TAXICABS AND VEHICLES FOR HIRE*, IS THE CONTROLLING LEGISLATION FOR REGULATING THE ACTIVITIES OF TAXICABS AND OTHER VEHICLES FOR HIRE IN THE TOWN OF EAST HAMPTON AND THAT THE ISSUANCE OF A BUSINESS OWNER LICENCE UNDER THAT CHAPTER REQUIRES MY COMPLIANCE WITH ALL PROVISIONS AND REGULATIONS WITHIN.

I ALSO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF EAST HAMPTON, ITS OFFICIALS, EMPLOYEES, AGENTS, AND OTHER PERSONS FROM AND AGAINST ALL CLAIMS, COSTS, JUDGMENTS, LIENS, ENCUMBRANCES, AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES ARISING OUT OF THE ACTS OR OMISSIONS OR NEGLIGENCE OF THE OWNER/OPERATOR ITS AGENTS, EMPLOYEES, OR SUB-CONTRACTORS, IN CONNECTION WITH THIS APPLICATION AND THE SERVICES RENDERED BY APPLICANT.

SIGNATURE OF APPLICANT

DATE SIGNED

Sworn to before me this _____ day of _____, 20 ____.

Notary Public

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

* Must reside in Suffolk County

STATE OF NEW YORK }

}SS.:

COUNTY OF SUFFOLK }

I, _____, by me being duly sworn, deposes and says,
Print Name

I reside at _____,
No. Street Town/City

State of New York, and do hereby consent and accept service by mail to the above address, of any and all papers and instruments of any kind, including, but not limited to appearance tickets and/or criminal summonses for any matters arising out of or relating to the Vehicle License/Business Owner's License: Transportation for hire of _____.

My date of birth is _____, my telephone number is _____, and my mailing address, if different than that of my street address, is _____.

I understand that by executing this document I am affirmatively waiving the requisite personal service requirements of the New York State Criminal procedure law and the New York State Civil Practice Laws and Rules. Furthermore, by executing this document, I hereby consent to the personal jurisdiction of the East Hampton Town Justice Court and the Supreme Court for the State of New York in connection with any and all legal action that the Town of East Hampton commences arising out of or relating to the aforementioned Transportation for Hire License. In addition, I hereby waive any and all jurisdictional defects and/or defenses as to any matter arising out of or relating to the subject Transportation for Hire License.

SIGNATURE OF APPLICANT

DATE SIGNED

Sworn to before me this _____ day of _____, 20 ____.

Notary Public

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

**REQUIREMENTS FOR BUSINESS OWNER'S LICENSE:
TRANSPORTATION FOR HIRE**

License Fee : \$750.00

Cash, check or money order payable to "East Hampton Town"

Fees are non-refundable and due when the application is submitted.

Applications should be returned to:

Town Clerk, 159 Pantigo Road, East Hampton, NY 11937

Office Hours: Monday through Friday, excluding Holidays – 9 a.m. to 4 p.m.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **BUSINESS REGISTRATION (D/B/A), CORP., OR PARTNERSHIP NAME & TAX ID**
 - Business Certificate should be attached.
- **CERTIFICATE OF OCCUPANCY – PROOF OF BUSINESS OFFICE REQUIREMENTS**
- **NOTARIZED STATEMENT FROM PERSON RESIDING IN SUFFOLK COUNTY DESIGNATED TO ACCEPT PROCESS OR LEGAL NOTICE (INCLUDED IN APPLICATION PACKET)**
- **COPY OF DRIVER'S LICENSE**
- *******FINGERPRINTING AND DCJS REPORT REQUIREMENT PROOF (2 PASSPORT PHOTO'S) FOR OWNER OF BUSINESS**
- **PROOF OF LIABILITY INSURANCE**
(INCLUDING NAME, ADDRESS AND PHONE NUMBER OF INSURANCE AGENT)

***** Notice will be given as to start date on this part of the law.