



Broome County Office Building • 44 Hawley Street • P.O. Box 1766 • Binghamton, New York 13902  
(607) 778-2107 • Fax (607) 778-2242 • Website: www.gobroomecounty.com

**APPLICATION FOR RENEWAL OF TAXICAB DRIVER'S LICENSE**

Pursuant to Section 85-9 of the Local Law of the County of Broome

*"Application for License Renewal shall be made at least thirty (30) days prior to its expiration on this form. Applications submitted less than 30 days prior to the expiration date of same shall be treated as a new application and shall be subject to the requirements and fees applicable to same. (Sections 85-9 A,C)"*  
*Attach additional documentation as necessary.*

I the undersigned do hereby make application for renewal of my license to drive a taxicab within the County of Broome, pursuant to the relevant provisions of the Local Law of the County of Broome and any amendments thereto:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ NYS Chauffer's License # \_\_\_\_\_

Home Address: \_\_\_\_\_

Name & Address of Current Employer : \_\_\_\_\_

\_\_\_\_\_

Date Original Taxi Driver License Granted (mm/dd/yy): \_\_\_\_\_

License Number: \_\_\_\_\_ Expires(mm/dd/yy): \_\_\_\_\_

Since date of original taxi application, have you been arrested or convicted of a felony, misdemeanor, DWI or illegal drug charge?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT MUST REPORT FOR A DRUG SCREENING TEST ON  
THE DATE OF THIS SUBMISSION.**

**APPLICANT SHALL ALSO BE SUBJECT TO REVIEW OF HIS NEW YORK STATE  
DEPARTMENT OF MOTOR VEHICLES DRIVER'S LICENSE ABSTRACT  
AND ANY CRIMINAL HISTORY**

**ATTACH COPY OF CURRENT TAXI DRIVER'S LICENSE**

**APPLICATIONS FOR RENEWAL SUBMITTED LESS THAN 30 DAYS PRIOR TO THE  
EXPIRATION DATE SHALL BE TREATED AS A NEW APPLICATION**

“PURSUANT TO THE NEW YORK STATE PENAL LAW SEC. 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN”

Applicant Signature: \_\_\_\_\_

Date: (mm/dd/yy)\_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver’s license; and that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Subscribed to and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary public or Clerk of Broome County

**FOR OFFICE USE ONLY**

Taxi Driver License #: \_\_\_\_\_ Expires(mm/dd/yy): \_\_\_\_\_

Copy of current Broome County Taxi Driver’s License attached

Copy of NY State Chauffeur’s License Expires(mm/dd/yy): \_\_\_\_\_

DMV Driver’s License Abstract Attached  Criminal Records Check completed & attached

Drug Screening  Positive  Negative  Fee collected (\$ 60.00)  Cash  Check

Check # \_\_\_\_\_

Processed by \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

**ATTACH ALL SUPPORTING DOCUMENTATION**

Approved  Denied Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director of Security Date (mm/dd/yy): \_\_\_\_\_