

TOWN OF SOUTHAMPTON

Main Office

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

OFFICE OF TOWN CLERK SUNDY A. SCHERMAYER

2020 REQUIREMENTS FOR VEHICLE LICENSE: TRANSPORTATION FOR HIRE

License Fee per vehicle: \$150.00

Taxi Plate Cert. Deposit: \$50.00 (Non-refundable) deposit which will be applied toward the vehicle license application fee for said vehicle.

Renewal applications submitted after January 31st are subject to a mandatory \$25.00 late fee. Cash, check or money order payable to the "Town of Southampton".

License Expires: December 31st, Midnight

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **VEHICLE TITLE**
Copy of the current valid title.
- **NEW YORK STATE VEHICLE REGISTRATION**
Copy of the current valid registration.
* It is the responsibility of the Business Owner to supply renewal documents.
- **NEW YORK STATE INSPECTION CERTIFICATE**
Proof of a valid New York State Inspection certificate.
- **AUTO LIABILITY INSURANCE CERTIFICATE (FOR-HIRE VEHICLE INSURANCE)**
Must include the name, local address and telephone number of the insurance agent and the business owner's license number. * It is the responsibility of the Business Owner to supply renewal documents.

DOCUMENTS TO BE SUBMITTED FOR DMV CERTIFICATE OF TAXI PLATES

(Form -MV289)

- **VEHICLE TITLE**
- **INSURANCE CERTIFICATE**
- **COPY OF BUSINESS CERTIFICATE**
- **\$50.00 Non-Refundable Deposit**

PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application - \$1.00
- Copies per page - \$.25

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

TOWN OF SOUTHAMPTON

Main Office

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

OFFICE OF TOWN CLERK
SUNDY A. SCHERMAYER

2020
APPLICATION FOR VEHICLE LICENSE:
TRANSPORTATION FOR HIRE

For Office Use Only

License # : _____

Date: _____

Initials: _____

License Type: _____

Date ____/____/____

All questions must be answered. Failure to properly complete the application in full may result in the delay in the issuance of your license. The application will expire in 90 days from the date submitted if it is not completed in full.

BUSINESS INFORMATION:

Name of Business: _____

Name of Business Owner: _____

Business Address (Physical): _____

Telephone #: _____ Cell Telephone #: _____

VEHICLE INFORMATION:

Please choose license type:

[] Livery [] Taxicab

Name of Owner of Vehicle: _____

Address (Mailing): _____

VIN # _____ Plate #: _____

Year _____ Model _____ Make _____ Seats _____

I have answered the foregoing questions to the best of my knowledge and belief and swear that said answers are true and accurate. The Insurance Company shall provide the Town of Southampton with 30 days prior written notice of cancellation and name, local address and telephone number of the insurance agent.

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

Signature _____ Date _____

Sworn to before me this

_____ day of _____, 20____

Notary Public

License mailed: _____ License picked up: _____