

TOWN OF SOUTHAMPTON**Main Office**

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



**OFFICE OF TOWN CLERK
SUNDY A. SCHERMEYER**

Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

2020

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

License Fee: \$750.00 (Cash, check or money order payable to the "Town of Southampton")

Renewal applications submitted after January 31st are subject to a mandatory \$25.00 late fee.

License Expiration: December 31st Midnight

All Business Owner Applications must be notarized, in person, in the Town Clerk's office.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **RATE SCHEDULE:**
Rates and Fares and Business Name must be clearly typed and listed on the enclosed Taxi Rate Sheet or in like format approved by the Town Clerk's Office. This shall be posted in each licensed vehicle in accordance with Town Code Chapter 299-18.
- **BUSINESS REGISTRATION:**
 - Sole Proprietorship – include a copy of the Business Certificate from Suffolk County reflecting D/B/A for business name applied for.
 - Corporation/LLC – include a copy of INC/LLC or Article of Organization with Receipt from the State.
- **NAMES AND ADDRESSES OF ALL VEHICLE OPERATORS and TRAINING COURSE CERTIFICATE(S).**
 - Business owners shall supply an updated list of drivers on or before the fifth day of each month via email to: townclerk@southamptontownny.gov
- **COPY OF VALID DRIVER'S LICENSE.**

******Please see the Taxi Plate Cert. deposit requirements on the Vehicle Application******

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 completed application is submitted.

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OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

2020

APPLICATION FOR BUSINESS OWNER'S LICENSE: TRANSPORTATION FOR HIRE

For Office Use Only	
License #:	_____
Date:	_____
Initials:	_____

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

Date: ____/____/____

BUSINESS INFORMATION:

Business Name: _____

Business Owner(s) Name: _____

Federal Identification Number: _____ Office Phone #: _____

Address (Physical): _____

Business e-mail address: _____

Do you employ a trade name or assumed name, such as a Doing/Business/As (D/B/A), Corporate, or Partnership Name under which the business operates: _____ **YES** _____ **NO**

If Yes, Name: _____

Place of business for past five (5) years if different from above:

Name of Business/Employer: _____

Address: _____

Any previous occupational license held: _____ **YES** _____ **NO**

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

How long: _____ Suspended or revoked: _____

Date and reason for revocation or suspension: _____

Are there copies of any certificates on file with County Clerk, NYS Secretary of State or other appropriate office:
_____ **YES** _____ **NO**

State Names: _____ (Attach copy of certificate(s))

PERSONAL INFORMATION:

Name: _____
Last First Middle Initial

Any names previously used: (Maiden Name or Alias) _____

Marital Status: _____ Social Security Number: _____

Cell Phone #: _____ Home #: _____

Address (Physical): _____

Address (Mailing, if different from above): _____

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

Date of Birth: _____ Place of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Have you ever been convicted of a felony, misdemeanor or violation of any municipal ordinance or local law (not including municipal traffic and/or parking violations): _____ **YES** _____ **NO**

If Yes: What court: _____ Where: _____ When: _____

Ordinance violated: _____ Charge/sentence of court: _____

I have answered the foregoing questions to the best of my knowledge and belief and swear that said answers are true and accurate. Any changes with regard to information regarding name, residence, business location and/or any change 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.

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

Office Use Only:

License mailed: _____ License picked up: _____



Business Name: Southampton Town 2020 Taxi Rate Sheet

	<i>Eastport</i>	<i>Remensburg Speonk</i>	<i>Westhampton</i>	<i>Westhampton Beach</i>	<i>Quogue</i>	<i>Quogue</i>	<i>East Quogue</i>	<i>Hampton Bays</i>	<i>Flanders</i>	<i>Riverside</i>	<i>Northampton</i>	<i>Shinnecock Hills</i>	<i>Southampton Village</i>	<i>North Sea</i>	<i>Water Mill</i>	<i>Bridgehampton</i>	<i>Noyac</i>	<i>North Haven</i>	<i>Sag Harbor</i>	<i>Sagaponack</i>
Eastport																				
Speonk / Remensburg																				
Westhampton																				
Westhampton Beach																				
Quogue																				
Quogue																				
East Quogue																				
Hampton Bays																				
Flanders																				
Riverside																				
Northampton																				
Shinnecock Hills																				
Southampton Village																				
North Sea																				
Water Mill																				
Bridgehampton																				
Noyac																				
North Haven																				
Sag Harbor																				
Sagaponack																				

Additional Fees

Office Use Only: