

# 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. SCHERMAYER

## Town Clerk Annex

**Phone:** (631) 723-2712

**Fax:** (631) 723-3080

**Website:**

[www.southamptontownny.gov](http://www.southamptontownny.gov)

### **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 31<sup>st</sup> are subject to a mandatory \$25.00 late fee. Cash, check or money order payable to the "Town of Southampton".**

License Expires: December 31<sup>st</sup>, Midnight

#### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

- **COPY OF CURRENT VEHICLE TITLE**
- **COPY OF CURRENT NEW YORK STATE VEHICLE REGISTRATION**
  - \* It is the responsibility of the Business Owner to supply renewal documents.
- **PROOF OF A 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**

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

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## OFFICE OF TOWN CLERK SUNDY A. SCHERMAYER

### 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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### VEHICLE INFORMATION: Please select the license type: **Livery** **Taxicab**

Name of Owner of Vehicle: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

VIN #: \_\_\_\_\_ Plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ 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 \_\_\_\_\_, 2025

### Notary Public

\*\*\*\*\*

License mailed: \_\_\_\_\_ License picked up: \_\_\_\_\_