

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**

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

License Fee: \$750 (Cash, credit card, 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:

- **COPY OF VALID DRIVER'S LICENSE.**
- **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. 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 applied for
 - Corporation/LLC - Include a copy of INC/LLC/DBA or Article of Organization with Receipt from the State
- **LIABILITY INSURANCE** [§299-21 A(1)(2)]
 - Business – provide a copy of an Acord (or similar) Certificate of Liability Insurance naming the Town of Southampton (Town Clerk) certificate holder.
 - Vehicle - provide a copy of an Acord (or similar) Certificate of Liability Insurance with a schedule of vehicles covered under said policy
- **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

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

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

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OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

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

APPLICATION FOR BUSINESS OWNER'S LICENSE: TRANSPORTATION FOR HIRE

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: ____/____/____

PERSONAL INFORMATION:

Name: _____
Last First Middle Initial

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

Social Security Number: _____ Marital Status: _____

Telephone #: _____ Email: _____

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, list and describe all: Date: _____ Court: _____

Ordinance violated: _____ Charge/Sentence of court: _____

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

Name of Business/Employer: _____

Address: _____

BUSINESS INFORMATION:

Business Name: _____

Business Owner(s) Name: _____

Address (Physical): _____

Business E-mail address: _____

Federal Identification Number: _____ Telephone #: _____

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: _____

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

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

How long: _____ Suspended or revoked: _____ **YES** _____ **NO**

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))

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** _____, **202**__

Notary Public

Office Use Only:

License mailed: _____ License picked up: _____