



CITY OF SARATOGA SPRINGS CHECKLIST FOR A TAXI OWNER'S LICENSE

1. Complete and execute the City's Taxi Owner's Application.
2. Sign the Application in front of a Notary Public or the City's Commissioner of Deeds.
3. If your taxi business is a partnership or operating under DBA, you must provide the City with a certified copy of the certificate of partnership or DBA.
4. If you are a corporation, you are required to provide the names and addresses of all corporate officers and stockholders.
5. You must submit a NYS Department of Motor Vehicles Vehicle Registration AND submit proof of VALID NYS DMV Inspections for each vehicle you are licensing as a taxicab
6. You must provide an ACORD Certificate of Insurance with the City of Saratoga Springs listed as the Certificate Holder as follows: City of Saratoga Springs, Office of the City Clerk, 474 Broadway, Saratoga Springs, NY 12866 showing the following required coverage:
 - a. NYS Statutory Workers Compensation and Employers Liability Insurance. (If you are the only owner and only driver, you may qualify for a waiver. Complete the waiver application online at <http://www.wcb.ny.gov/>. If you qualify per NYS WCB, print the waiver form from the internet, sign and date the bottom.); AND
 - b. Commercial Auto Insurance showing the year, make, model and vehicle identification number and coverage for each taxicab vehicle licensed under this Application providing coverage for Bodily Injury and Uninsured Motorist Coverage in a minimum amount of One Hundred Thousand Dollars (\$100,000) per person with a Three Hundred Thousand Dollar (\$300,000) aggregate listing each vehicle insured as a taxicab under this Application.
7. Provide a One Hundred Dollar (\$100) cash, certified check, or money order payable to City Clerk for each taxicab to be licensed under your Application.
8. If this is your first application, you are required to be fingerprinted by the Saratoga Springs Police Department. The Police Department will contact you to make an appointment. When you go to your fingerprinting appointment, please bring the following documentation with you:
 - a. Your current NYS Driver's License;
 - b. Proof of your working status if you are not a U.S. citizen; AND
 - c. Money order or certified check payable to Commissioner of Finance in the amount of One Hundred Dollars (\$100).
 - i. If you are also applying for an initial taxi driver license, you will only pay one fingerprinting fee.
 - ii. If you are currently licensed as a taxi driver in the City of Saratoga Springs you are not required to be fingerprinted.
9. The City will only accept your application if all of the required material is provided at the time of your application. Incomplete applications will be not be accepted for processing. A Taxi Owner's License will be issued upon approval of the terms and conditions of Chapter 215 of the City Code.



CITY OF SARATOGA SPRINGS APPLICATION FOR A TAXI OWNER'S LICENSE
 Initial Taxi Owner Application **Renewal Taxi Owner Application**

Company Information:

1. Company Name: _____
2. Manager's Name: _____ Company Phone #: _____ Fax #: _____
3. Check which applies: Partnership: _____ Corporation: _____ Doing Business As: _____ Individual: _____
4. If a Partnership or a DBA, you must attach a copy of the applicable certificate.
5. If a corporation, you must file a copy your articles of organization and provide a list of all officers and stockholders.
6. Company Street Address: _____
City, State, Zip Code: _____
7. Company Mailing Address (if different) : _____
City, State, Zip Code: _____
8. Number of vehicles you are applying to license _____ (Please specify all vehicles on page 4 of this application.)

Applicant's Information:

1. Name: _____ Title: _____
2. Street Address: _____
City, State, Zip Code: _____
3. Phone Number: _____ Social Security Number: _____ Email: _____
4. Eye Color: _____ Hair Color: _____ Age: _____ Height: _____ Weight: _____ Gender: _____ Race: _____
Ethnicity (circle one): Hispanic or Non-Hispanic Date of Birth: _____ Place of Birth: _____
5. New York State Driver's License Identification #: _____ License Class: _____
6. Have you been a resident of New York State for the past 5 years? Yes ___ No ___ If no, list previous address(es):

From _____ To _____

From _____ To _____
7. Are you a U.S. Citizen? Yes ___ No ___ If no, please provide your Resident alien registration number _____
8. **Initial Application Only:** Have you ever been convicted or plead guilty of a crime? Yes ___ No ___ (If yes, provide the following information. Use additional sheets if needed. *Attach a Certificate of Disposition for each charge.*)
State: _____ City: _____ Date: _____ Original Charge: _____
Facts of Original Charge: _____
- Renewal Application Only:** Have you ever been convicted or plead guilty of a crime since the date of your last application? Yes ___ No ___ (If yes, provide the following information. Use additional sheets if needed. *Attach a Certificate of Disposition for each charge.*)
State: _____ City: _____ Date: _____ Original Charge: _____
Facts of Original Charge: _____
9. Do you have any pending legal matters in court? Yes ___ No ___
If yes, in what court? _____ If yes, what charge? _____
10. Have you ever been or are you currently licensed as a taxi owner in any other municipality? Yes ___ No ___
 - a. If yes, in what municipalities? _____
 - b. If yes, has your license ever been suspended or revoked? Yes ___ No ___
If yes, for what cause? _____

11. Are you licensed as currently using any taxi licensed under this Application as a MEDICAID TAXI? Yes____ No____
 If yes, in what municipalities? _____ (Please attach documentation)
 If yes, has your license ever been suspended or revoked by MEDICAID Authorities? Yes____ No____
 If yes, for where and for what cause? _____

I agree to:

- Require all drivers who operate the taxis licensed herein to obtain a Taxi Driver's (Hack) License, maintain a current and valid Class E or CDL New York State Driver's License, and register with and be subject to the City's participation in the New York State LENS program.
- Fully investigate and resolve complaints regarding taxicabs operating under my owner's license and remediate all complaints and issues in a timely manner.
- Equip each taxicab with a taximeter or equivalent metering application, and accept passenger payment in cash and/or by credit/debit card as required in the Chapter 215 of the City Code.

I indemnify and save harmless the City of Saratoga Springs, its agents and employees, from and against all claims, damages, losses and expenses, including but not limited to attorneys' fees arising out of or resulting from the licensed activity sustained by any person or persons, provided such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, death, or destruction of property caused by the tortious act or negligent act or omission of I as the licensee or my employees or agents.

I certify or declare under penalty of perjury under the laws of the State of New York that I have answered all of the preceding questions and that the information contained herein foregoing is true and correct. I understand that falsification of answers given or material submitted will result in denial of this application and/or denial, suspension or revocation of my taxicab license. I hereby authorize the Saratoga Springs Police Department and the Office of Risk and Safety to use the information I have provided to check criminal histories, arrest records, driving records, warrant information, and to enroll me in the NYS LENS Program; and for the agencies so listed to provide these records to the Commissioner or Accounts and/or his/her designee to determine my eligibility for a taxicab owner's license. I understand that the information contained within the criminal background investigation is confidential, except that it may be conveyed to other law enforcement or licensing agencies.

I understand that if it is determined that I have given false or misleading information on this application, or that I have failed to abide by the provisions of Chapter 215 of the Code of the City of Saratoga Springs, any City license that may have been issued to you will be subject to immediate revocation in accordance with the provisions herein.

Print Name of Applicant _____ Signature of Applicant _____

Subscribed and sworn to on this ____ day of _____, 20__ before me.

 Notary Public or Commissioner of Deeds

For Office Use Only:

Code Enforcement: _____
 Police Department: _____
 Risk and Safety: _____

Payment Type: _____

Date of License Issuance: _____

TAXI OWNER FLEET REGISTRATION LIST

	Make	Model	Color	Year	NYS License Plate Number	VIN	Passenger Seating Capacity
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							