VILLAGE OF FREEPORT

46 NORTH OCEAN AVENUE, FREEPORT, NY 11520

TAXICAB DRIVERS AND HAWKER & PEDDLER'S LICENSE APPLICATION

□ New □ Renewal □ Amended Date: _____

Fingerprint submission is required on all applications (new and renewal)

_____ Mo._____Day_____Yr._____

Last Name **First Name** **Initial** **Date of Birth** **Social Security Number**

_____ _____

Address (if less than 5 years, please list previous address) **Telephone Number**

Sex:	**Height:**	**Weight:**	**Hair Color:**	**Color of Eyes:**	**Country of Birth:**	**Citizen:**
☐Male ☐Female	Ft. in.	lbs.				☐ Yes ☐ No

Driver's License # Employed by:

THE APPLICANT IS REQUIRED TO ANSWER EACH OF THE FOLLOWING QUESTIONS:

Have you ever had: HEART AILMENT □Yes □No STROKE □Yes □ No DIZZINESS □Yes □No

HIGH BLOOD PRESSURE □Yes □No EPILEPSY □Yes □ No DEAFNESS □Yes □No

Have you ever suffered any physical or mental disability? □Yes □No

Have you ever been confined to a U.S. Government hospital? □Yes □No

Have you ever been confined to a State or Private Institution? □Yes □No

If you answered YES to any of the above questions, please give full particulars (dates, present condition, etc.) on the back of this sheet.

HAVE YOU EVER BEEN FOUND **GUILTY OF ANY OFFENSE** IN ANY COURT? IF SO STATE THE CIRCUMSTANCES BELOW:

DATE OF CONVICTION	NATURE OF OFFENSE	CONVICTED IN WHICH COURT

An abstract of your driving record can be obtained from the NYS Department of Motor Vehicle.

ATTACH THREE (3) LETTERS OF CHARACTER FROM PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. THESE LETTERS MUST CONTAIN THE PERIOD OF TIME THAT THEY HAVE KNOWN YOU AND MUST INCLUDE THEIR FULL NAME AND ADDRESS.

I have read and agree with Code §188 of the Village of Freeport. _____

SIGNATURE OF APPLICANT

STATE OF NEW YORK
COUNTY OF NASSAU} SS.:

_____ being duly sworn deposes and says that all of the answers in the foregoing application are true and that the photograph attached was taken thirty days prior to the date of this application.

(2) photos taken within 30 days prior to date of application

FRONT VIEW
1½ x 1½

Sworn to before me this _____
day of _____

_____
NOTARY PUBLIC

APPLICATION ☐ Approved
☐ Disapproved

_____
POLICE DEPARTMENT REVIEWED DATE

_____ _____
MAYOR, VILLAGE OF FREEPORT DATE VILLAGE CLERK REVIEWED, VILLAGE OF FREEPORT DATE

LIC. # _____ DATE ISSUED: _____ DATE EXPIRES: _____ FEE PAID: _____

REV 7/12/13