VILLAGE OF WALDEN TAXICAB PERMIT APPLICATION

Applicants Name and Address:
Phone Number:
Trade Name (please attach a certified copy of the certificate filed with the county clerk):
Name and Address of each member if unincorporated association:
Age of applicant and members:
Name and Address of each officer, director and shareholder owning 20% or more of the
shares thereof:
Complete statement by applicant specifying the amounts of all unpaid judgments:
All misdemeanors or felonies of applicant or any member:
Experience in the transportation of passengers of applicant or member:

Taxicab Licensing Fee \$50 ♦ Eac	ch Taxicab \$25 ♦ Each d	lriver \$15 (Expires 3/31 Annually)
Statement by the applicant establishing	g that the public convenience	and necessity require the
granting of a license:		
Number of Vehicles and description (a	attach copies of all NYS regist	trations):
Location of Taxi Stands:		
Additional Remarks:		
This certifies that the undersigned has cabs (Chapter 272) and meets all requi	read the chapter in the Villago	e of Walden code pertaining to taxi
	Signat	cure of Applicant
STATE OF NEW YORK) COUNTY OF ORANGE) SS.:		
Sworn to before me this day of	of of 20_	
Notary Public	(Notary Seal)	
State of New York		
		COLLECTED BY: WING DATES:
		LICENSE#: