

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

## OFFICE OF TOWN CLERK SUNDY A. SCHERMAYER

**2022**

### 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:**

- **VEHICLE TITLE**  
Copy of the current valid title.
- **NEW YORK STATE VEHICLE REGISTRATION**  
Copy of the current valid registration.  
\* It is the responsibility of the Business Owner to supply renewal documents.
- **NEW YORK STATE INSPECTION CERTIFICATE**  
Proof of a valid 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**

#### **PLEASE NOTE: Town Clerk's Additional Fees:**

- Fee for notarizing application - \$1.00
- Copies per page - \$.25

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

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OFFICE OF TOWN CLERK
SUNDY A. SCHERMAYER

2022
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 #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

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

VEHICLE INFORMATION:

Please choose license type:

[ ] Livery [ ] Taxicab

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

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

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

Year \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_ 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 \_\_\_\_\_, 2022

Notary Public

\*\*\*\*\*

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