

# TOWN OF SOUTHAMPTON

## Main Office

116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



## OFFICE OF TOWN CLERK SUNDY A. SCHERMAYER

## Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

## Website:

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

2022

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

**License Fee: \$750.00** (Cash, check or money order payable to the "Town of Southampton")

**Renewal applications submitted after January 31<sup>st</sup> are subject to a mandatory \$25.00 late fee.**

License Expiration: December 31<sup>st</sup> Midnight

**All Business Owner Applications must be notarized, in person, in the Town Clerk's office.**

#### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

- **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's Office. 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 name applied for.
  - Corporation/LLC – include a copy of INC/LLC or Article of Organization with Receipt from the State.
- **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](mailto:townclerk@southamptontownny.gov)
- **COPY OF VALID DRIVER'S LICENSE.**

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

#### **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 completed application is submitted.**

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## OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

**2022**

### APPLICATION FOR BUSINESS OWNER'S LICENSE: TRANSPORTATION FOR HIRE

#### For Office Use Only

License #: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Business e-mail address: \_\_\_\_\_

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: \_\_\_\_\_

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

Name of Business/Employer: \_\_\_\_\_

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

Any previous occupational license held: \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes: Type: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

How long: \_\_\_\_\_ Suspended or revoked: \_\_\_\_\_

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))

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle Initial

Any names previously used: (Maiden Name or Alias) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_ 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: What court: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

Ordinance violated: \_\_\_\_\_ Charge/sentence of court: \_\_\_\_\_

*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 \_\_\_\_\_, 2022

\_\_\_\_\_  
Notary Public

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**Office Use Only:**

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

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