



# TOWN OF OYSTER BAY,

OFFICE OF THE TOWN CLERK

## OWNER'S LICENSE APPLICATION

**COPY DISTRIBUTION**  
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AUDREY AVENUE, OYSTER BAY, NEW YORK 11771  
 TELEPHONE: 516 624-6322

**ALL INFORMATION MUST BE COMPLETED**

PLEASE TYPE OR PRINT CLEARLY

TYPE OF APPLICATION (INDICATE WITH AN "X")	TYPE OF OWNER'S LICENSE (INDICATE WITH AN "X")
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> LICENSE RENEWAL	<input type="checkbox"/> TAXICAB <input type="checkbox"/> LIMOUSINE <input type="checkbox"/> TOW CAR

NAME OF APPLICANT (MUST AGREE WITH NAME ON MOTOR VEHICLE REGISTRATION)	DATE OF BIRTH	SOCIAL SECURITY NO.	DO NOT ATTACH PHOTO  SUBMIT TWO PHOTOS TAKEN WITHIN THE PAST THIRTY DAYS EACH 1 1/2" x 1 1/2" SHOWING ONLY NECK, SHOULDERS AND UNCOVERED HEAD
STREET ADDRESS (MUST AGREE WITH ADDRESS ON MOTOR VEHICLE REGISTRATION)	HOME TELEPHONE	BUSINESS TELEPHONE	
POST OFFICE	ZIP CODE	CITIZENSHIP, IF AN INDIVIDUAL OWNER (INDICATE WITH AN "X") <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/> ALIEN	
TYPE OF OWNERSHIP (INDICATE WITH AN "X") <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ASSOCIATION	CORPORATION OR TRADE NAME		

PLEASE COMPLETE THE FOLLOWING INFORMATION IF THIS APPLICATION IS FOR A CORPORATION, PARTNERSHIP OR AN INDIVIDUAL OWNER USING A TRADE NAME

PARTNER OR PRESIDENT	NAME	SOCIAL SECURITY NO.	HOME STREET ADDRESS
	CITIZENSHIP	DATE OF BIRTH	POST OFFICE ZIP CODE
PARTNER OR VICE-PRESIDENT	NAME	SOCIAL SECURITY NO.	HOME STREET ADDRESS
	CITIZENSHIP	DATE OF BIRTH	POST OFFICE ZIP CODE
PARTNER OR SECRETARY	NAME	SOCIAL SECURITY NO.	HOME STREET ADDRESS
	CITIZENSHIP	DATE OF BIRTH	POST OFFICE ZIP CODE

PLEASE COMPLETE THE FOLLOWING IF THERE ARE ANY UNPAID JUDGMENTS AGAINST THE APPLICANT

AMOUNT OF JUDGMENT	REASON FOR JUDGMENT	COURT IN WHICH JUDGMENT WAS ENTERED	LOCATION OF COURT

PLEASE COMPLETE FOLLOWING INFORMATION FOR ALL OFFENSES, MISDEMEANORS OR FELONIES OF WHICH THE APPLICANT AND ANY MEMBER THEREOF, IF AN UNINCORPORATED ASSOCIATION, AND ANY OFFICER, DIRECTOR, AND STOCKHOLDER THEREOF IF A CORPORATION, HAS EVER BEEN CONVICTED. INCLUDE ANY TRAFFIC VIOLATION CONVICTIONS IN THE PAST 18 MONTHS.

DATE	OFFENSES, MISDEMEANORS, OR FELONIES	NAME OF COURT	LOCATION OF COURT	PENALTY IMPOSED

PLEASE PRESENT THE MOTOR VEHICLE REGISTRATION OF EACH VEHICLE FOR WHICH A LICENSE IS REQUESTED. PHOTOSTATIC COPIES ARE ACCEPTABLE. DESCRIBE VEHICLES BELOW.

YEAR	MAKE	BODY TYPE	SEATING CAPACITY	VEHICLE IDENTIFICATION NO.	N. Y. STATE LICENSE PLATE NO.	FOR OFFICE USE ONLY DO NOT WRITE IN THIS COLUMN
						LICENSE NO.

APPLICANT DO NOT WRITE IN THE SPACES BELOW, FOR OFFICE USE ONLY.

RECEIPT NO.	RECEIPT DATE	OWN'S LIC. NO.	NO. OF VEH'S	OWN'S FEE	VEH. FEE	TOTAL FEE	DATE ISSUED
OWN'S LIC. _____	_____	_____	VEH. NOS. _____	\$ _____	\$ _____	PAID _____	_____ BY: _____
VEH. LIC. _____	_____	_____	_____	_____	_____	_____	_____

INFORMATION ON THE REVERSE OF THIS FORM MUST BE COMPLETED.

