

TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771

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TELEPHONE: 516 624-6322

OWNER'S LICENSE APPLICATION

ALL INFORMATION MUST BE COMPLETED

TYPE OF APPLICATION (INDICATE WITH AN "X") TYPE OF OWNER'S LICENSE (INDICATE										(INDICATE WITH AN "X")			
PLEASE TYPE OR PRINT CLEARLY NEW						APPLICATION LICENSE RE			RENEWAL TAXICAB LIMOUSINE TOW			JSINE TOW CAR	
NAME OF APPLICANT (MUST AGREE WITH NAME ON MOTOR VEHICLE REGISTRATION)					DATE OF BIRTH		SOCIAL SECURITY NO.			DO N	OT ATTACH PHOTO		
STREET ADDRESS (MUST AGREE WITH ADDRESS ON MOTOR VEHICLE REGISTRATION)					HOME TELEPHONE		BUSINESS TELEPHONE		E	SUB	MIT TWO PHOTOS		
										1			
POST OFFICE			ZIP CODE		CITIZENSHIP, IF AN INDIVIDUAL OW			OWNER				KEN WITHIN THE	
					(INDICATE WITH AN "X")				PA	ST THIRTY DAYS			
								ATURALIZED ALIEN			EA	CH 11/2" X 11/2"	
TYPE OF OWNERSHIP (INDICATE WITH AN "X")						CORPORATION OR TRADE NAME					SHO	WING ONLY NECK.	
☐ INDIVIDUAL OWNER ☐ PARTNERSHIP ☐ CORPORATION ☐ ASSOCI					The second secon							HOULDERS AND	
PLEASE COMPLETE THE FOLLOWING INFOR											NU N	COVERED HEAD	
A CORPORATION, PARTNERSHIP OR AN INDIVIDUAL									V				
PARTNER OR PRESIDENT		NAME			SOCIAL SECURITY NO.			HOME STREET ADDRESS					
		CITIZENSHIP			DATE OF BIRTH			POST OFFICE			ZIP CODE		
PARTNER OR		NAME			SOCIAL SE	CURITY NO		HOME STR	EET ADD	ness			
VICE-PRESIDE	INT.												
		CITIZENSHIP			DATE OF	IRTH		POST OFFICE				ZIP CODE	
											ZIF CODE		
PARTHER OR		NAME			SOCIAL SEC	WALTE NO.		HOME STR					
SECRETARY					SOCIAL SE	OKITT NO.		MURE SIR	EE! ADD	***			
		CITIZENSHIP			DATE OF B	INTH		POST OFFI	CE			ZIP CODE	
									West of the second				
	PLEASE	COMPLETE THE FO	LLOWING IF THER	E ARE A	NY UNPA	ID JUD	GMENTS	AGAINS'	T THE	APPLICANT			
AMOU	INT OF	054004	500 111000111		COURT IN WHICH								
JUDG	MENT	REASON FOR JUDGMENT			JUDGMENT WAS ENTERED			LOCATION OF COURT					
								,					
								L					
PLEASE COMPL	LETE FOLLOWIN	G INFORMATION FOR ALL	OFFENSES, MISDEMEANO ER THEREOF IF A CORPOR	RS OR FELO	NIES OF WI	HICH THE	APPLICANT	AND ANY	MEMBER	THEREOF, IF	AN UN	INCORPORATED ASSOCIA-	
											TUNS I	N THE PAST 18 MONTHS.	
DA	TE	OFFENSES, MISDEME	NORS, OR FELONIES		ME OF COURT			LOCATION OF COURT			PENALTY IMPOSED		
				1							T		
	PLEAS	SE PRESENT THE M	MOTOR VEHICLE RE	GISTRAT	ION OF F	ACH VE	HICLE F	OR WHIC	HA			FOR OFFICE USE	
					ACCEPTABLE. DESCRIBE V							ONLY	
				1000000								DO NOT WRITE	
YEAR		MAKE BODY TYPE			SEATING VEHICE CAPACITY IDENTIFICAT						10	LICENSE NO.	
					AFACITY IDENTIFICATIO			Eloziloz i Eliz III.				LICENSE NO.	
			-										
APPLICANT DO NOT WRITE IN THE SPACES BELOW, FOR OFFICE USE ONLY.													
RECEIPT	NO.	RECEIPT DATE	OWN'S LIC. NO.	O. OF VE	H'S	OWN'	SFEE	VEH. FE	E	TOTAL FE	E (DATE ISSUED	
OWN'S LIC			Iv	/EH. NOS.		_ \$		s		PAID		BY:	
VEH. LIC													

VEHICLE INFORMATION CONTINUED									
YEAR MAKE		BODY TYPE	SEATING	VEHICLE IDENTIFICATION NO.	N.Y. STATE LICENSE PLATE NO.	IN THIS COLUMN			
				CAPACITY	IDENTIFICATION NO.	LICENSE PLATE NO.	LICENSE NO.		
			et e						
				-					
				The same of the sa	CLES LISTED THAT HAVE				
N.Y. STATI	E LICENSE NO.	ACCIDENT DATE	NATURE OF AC	CIDENT	DESCRIPTION	N OF DAMAGE TO THIS VEH	ICLE		
			LIST EXACT LOCAT	ON OF ALL ST	ANDS AND TERMINALS				
STREET OR L	OCATION		(h)		VILLAGE OR HAMLET				
STATE THE E	EXPERIENCE OF THE	APPLICANT IN THE TRA	INSPORTATION OF PASSENGER	S. OR THE TOWING	OF VEHICLES IF APPLICABLE (OM	IT ON RENEWAL APPLICATIONS)			
STATE FACTS	S WHICH TEND TO F	ROVE THAT THE PUBLIC	CONVENIENCE AND NECESSI	TY REQUIRE THE G	RANTING OF THE LICENSE APPLIED	FOR. (OMIT ON RENEWAL APPLIC	ATIONS)		
State of N	lew York (Nassau∫ ss.		NOTE: Applican	ts who are re	equired to carry Workment forms C-105.2 and DE	n's Compensation Insura	ince and Disability		
		is	Applican	ts who are not	t required to carry Workm nt form C-105.21 with thi	en's Compensation Insur			
		10	I have re	ead the applic	able Ordinance of the To		ree to abide by its		
day of									
	NOTARY PU	BLIC			e truth of the above stat	ements.			
	SIGNATURE OF APPLICANT								
Please us	e additional co	pies of this form i	f more space is need Address and number	ed to complete	the tted.	TITLE			
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