

Ground Transportation License Application

City of Syracuse Form TA 107 (rev 04/2015)

City of Syracuse
Department of Finance



ADMINISTRATIVE USE ONLY

INSTRUCTIONS

LICENSE NUMBER : _____

Original : Issued : _____

Renewal :

Transfer: Expires : _____

Approved : by : _____

Denied : by : _____

1. **ALL QUESTIONS must be answered and answered truthfully.** Any questions left blank or containing false replies may result in the delay, denial or revocation of such license.
THE SUBMISSION OF FALSE ANSWERS MAY CONSTITUTE PERJURY
2. **ALL APPLICANTS** must submit a valid NYS Registration Document, valid Title Document and valid proof of For-Hire Insurance for the vehicle subject to this application.
3. **ALL APPLICANTS** must submit, if not already on file or required, certified copies of certificates of Partnership, Corporation or Association.
4. **ALL APPLICANTS** must submit, if not already on file or required, a certificate indicating operation under an assumed name (DBA).
5. The former Ground Transportation License and Medallion ***must*** be attached to this application if this application is for a request to **TRANSFER** a GTL.

APPLICANT PERSONAL INFORMATION

Please Print

PRINTED NAME (Last, First, Middle **or** Company)

Address (Street and Apartment/Building No.)

City, State and Zip Code

Date of Birth

Social Security Number

Driver's License Client ID #

Telephone (HOME **or** BUSINESS)

Telephone (CELL)

VEHICLE INFORMATION

Please Print

Vehicle Year and Make

Vehicle Model, Style, Color

Vehicle License Plate

Vehicle Identification Number (VIN)

Taxi Company **or** Independant

State of New York
County of Onondaga
City of Syracuse

I, the undersigned, hereby apply to the City of Syracuse for a Ground Transportation License to operate a Taxicab in the City of Syracuse and for that purpose I declare that, subject to penalties of perjury, any statements made on or in connection with this application (including statements made in accompanying papers) have been examined by me and to the best of my knowledge are true and correct. I understand that any deliberate misrepresentation or omission of facts may be cause for denial of such license or the revocation of same if already issued. I also understand that all statements made in connection with this application are subject to verification.

I, _____ deposits and says that I am the individual making this application for a Ground Transportation License and that the answers to any question or other statement contained within, made by myself, is true and accurate to the best of my knowledge.

Sworn or Affirmed to before me this

_____ day of _____, 20 ____.

Signature of Applicant

Notary Public or Commissioner of Deeds

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Please answer Yes or No to the following questions. If the question asks for or if you need to provide additional details do so below in the Additional Information section.

Criminal history will be reviewed and considered in accordance with Article 23-A of the New York State Corrections Law.

ADDITIONAL APPLICANT INFORMATION

1. Yes No Are certified copies of certificates of Partnership, Association or Corporation attached?
2. Yes No Are the names, addresses, titles and telephone numbers of each officer and director of the Partnership, Association or Corporation clearly documented in the requested certified copies? If NO, same must be listed on a separate paper and attached to this application.
3. Yes No Are the names, addresses, titles and telephone numbers of each Stockholder or Partner of the Partnership, Corporation or Association clearly documented in the requested certified copies? If NO, same must be listed on a separate paper and attached to this application.
4. Yes No Has the applicant or any of the persons identified in application questions 1, 2 or 3 ever had a Taxicab Driver's or Ground Transportation License issued by the City of Syracuse suspended or revoked? If YES, provide details below.
5. Yes No Has the applicant or any of the persons identified in application questions 1, 2 or 3 or any other person directly or indirectly interested in this application been CONVICTED of any crime involving violence, deceit, gambling or the illegal possession, use, distribution or sale of controlled substances pursuant to New York Penal Law Article 220 or the equivalent statute in any other jurisdiction? If YES, provide details below.
6. Yes No Has the applicant or any other persons identified in application questions 1, 2 or 3 or any other person, directly or indirectly interested in this application been CONVICTED of a FELONY in New York State or any other jurisdiction within the last five (5) years from the submittal date of this application? If YES, provide details below.
7. **Have all questions on this application been answered and has this application been signed and sworn to, or affirmed, in the presence of a Notary Public or Commissioner of Deeds?** Yes No

ADDITIONAL INFORMATION

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Application received by Licensing.	_____	Application Approved/Disapproved.	_____
Fee Paid.	_____	Application returned to Licensing.	_____
Application received by SPD.	_____	Applicant notified.	_____