

HEMPSTEAD POLICE DEPARTMENT

PLEASE READ CAREFULLY:

ATTACHED IS AN APPLICATION FOR YOU RENEWAL TAXICAB (**HACK**) DRIVER'S LICENSE.

PLEASE BRING WITH YOU THE FOLLOWING:

- APPLICATION FORM (PLEASE PRINT CLEARLY) – MUST BE NOTARIZED
- YOUR **CLASS "E"** NEW YORK STATE DRIVER'S LICENSE
- TWO (2) PASSPORT SIZED PHOTOS
- **\$60.00 CASH, MONEY ORDER OR CREDIT/DEBIT (NO PERSONAL CHECKS)** FOR TAXI DRIVER APPLICATION FEE (PLEASE MAKE MONEY-ORDER PAYABLE TO:
INC. VILLAGE OF HEMPSTEAD, 99 NICHOLS CT, HEMPSTEAD NY 11550)

IF YOU HAVE BEEN CONVICTED OF ONE (1) OR MORE VIOLENT FELONIES AT ANY TIME PREVIOUSLY, OR CONVICTED WITHIN THE LAST FIVE (5) YEARS OF MORE THAN ONE (1) VIOLENT FELONY AND ONE (1) OR MORE MISDEMEANORS, OR TWO (2) OR MISDEMEANORS, YOU MAY NOT BE ELIGIBLE.

ALL MONIES ARE NON-REFUNDABLE

HEMPSTEAD POLICE DEPARTMENT

99 James A. Gardner Way
Hempstead NY 11550

LIC # _____

For Office Use Only

HACK LICENSE "RENEWAL" APPLICATION

THE UNDERSIGNED HEREBY APPLIES FOR RENEWAL OF LICENSE TO OPERATE WITHIN THE VILLAGE OF HEMPSTEAD, NY, AND GIVES THE FOLLOWING INFORMATION IN CONNECTION WITH SUCH APPLICATION.

THE ANNUAL RENEWAL FEE FOR TAXI DRIVER'S LICENSE IS \$60.00. THE LICENSE YEAR IS JANUARY 1 TO DECEMBER 31.

IF ANY OF THE BELOW INFORMATION CHANGES, IT IS THE APPLICANTS RESPONSIBILIRTY TO NOTIFY THE RECORDS & LICENSE DEPARTMENT WITHIN **15** BUSINESS DAYS.

APPLICATION **MUST BE FILLED OUT COMPLETELY.**

ANY FALSE STATEMENTS GIVEN MAY RESULT IN SUSPENSION OR REVOCATION OF YOUR TAXI DRIVER'S LICENSE.

FULL NAME: _____ PHONE #: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ARE YOU A U.S. CITIZEN? YES _____ NO _____ (IF NO, PLEASE PROVIDE COPY OF LEGAL RESIDENCE)

MAILING ADDRESS: _____

RESIDENCE (IF DIFFERENT FROM MAILING ADDRESS): _____

IDENTIFICATION INFORMATION

SEX (M/F): _____ HAIR COLOR: _____ EYE COLOR: _____

HEIGHT (FEET & INCHES): _____ WEIGHT: _____

COUNTRY OF ORIGIN: _____ PRIMARY LANGUAGE: _____

MARITAL STATUS: _____

TAXI COMPANY EMPLOYED BY: _____

NYS CLASS "E" DRIVER'S LICENSE # _____ (CLASS 'A' 'B' 'C' also accepted)

Has your NYS Driver's License been suspended or revoked in the last 12 months? YES _____ NO _____

Date of Suspension/Revocation: _____

Reason for suspension/revocation: _____

Have you been convicted of any crimes in the last 12 months (including traffic offenses): YES ___ NO ___

Charge/Court/Deposition: _____

((NOTARY STAMP BELOW))

**STATE OF NEW YORK:
COUNTY OF NASSAU**

Being duly sworn, deposes and says that he is the person described in and who makes the foregoing application and that the answers to the questions and other statements contained therein are true and of his own knowledge and belief.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

SWORN BEFORE ME THIS
____ DAY OF _____, 20____.

(SIGNATURE/NOTARY)