



## OFFICE OF THE CITY CLERK

City Hall, 258 Main Street  
Oneonta, NY 13820-2589

Phone: 607.432.6450

Fax: 607.433.3420

Internet Address:

[www.oneonta.ny.us/cityclerk](http://www.oneonta.ny.us/cityclerk)

E-Mail Address:

[cityinfo@oneonta.ny.us](mailto:cityinfo@oneonta.ny.us)

Dear Applicant,

We are pleased to provide you with the information needed to apply for a taxicab and/or livery driver's license. The documents in this packet are valid for new licenses as well as renewals.

**In order to be considered for approval as a taxi or livery driver, the packet must be completed and returned in its entirety. This includes the checklist and all items listed on the checklist. Please read the checklist thoroughly. An incomplete packet will not be processed. Once we have received the complete packet, we have a minimum of five days to review and process it.**

\*Depending upon the results of the Oneonta Police Department's response to your Release of Records authorization, you may be asked to submit the results of an additional background check. This would be at your own expense and is required in order for your packet to be considered complete.

The non-refundable application fee for either a taxicab driver's license or a livery driver's license is \$50.00 per license. If a license is issued, it valid for one year from the date of issuance. Please note: **You must renew your license annually *prior* to the expiration date if you wish to continue to drive a taxicab or livery vehicle *after* the expiration date.** Please plan accordingly to have your license processed prior to its expiration date.

If you have any questions, do not hesitate to be in touch.

Sincerely,

Nancy S. Powell  
City Clerk



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**Taxicab/Livery Driver Application Checklist**

All applicants for taxicab and/or livery vehicle driver's license in the City of Oneonta will be required to submit the following materials and supporting documentation with the application form:

1. **Photographs:** Two (2) unmounted, unretouched passport size (2"x2") photographs taken within 30 days preceding the filing of the application.
2. **Department of Motor Vehicle Abstract:** All applicants must provide (at applicant's cost) DMV abstract providing information regarding past and current driving record.
3. **Fee:** The **non-refundable** fee of \$50.00 per license class applied for shall be submitted at the time of application. Please note that a Taxicab/Livery driver's license issued by the City Clerk's Office shall expire one (1) year from the date of issue.
4. **Physical Examination:** Applicant must have a complete physical examination within a thirty (30)-day period prior to the date of application. **The physical exam report MUST be returned by the physician** via US Mail or Fax. If the applicant has a valid CDL physical, it will be accepted in lieu of the physician's form.
5. **Class "E" Driver's License:** Please be advised that all persons applying for a taxicab driver's license must have at least a CLASS E driver's license issued from the New York State Department of Motor Vehicles or other accepted class for driving taxicab and livery vehicles.
6. **Record of Arrests with a Pending Case and/or Conviction:** Please be advised that if any person applying for a taxicab driver's license has any one of the following, a mandatory denial will result:
  - a. A DWI/DWAI arrest with a pending case and/or conviction within three (3) years from the date of the application.
  - b. A felony arrest with a pending case and/or conviction within one (1) year from the date of the application.
  - c. A drug/assault arrest with a pending case and/or conviction within one (1) year from the date of the application.
7. **Release of Records** (requires notarized signature). **Date sent to OPD:** \_\_\_\_\_
8. **Background Clearance** (if applicable)

**I confirm by my signature that I have received a copy of City Code Chapter 272: Taxicabs and Livery Services and I understand that it is my responsibility to read and understand the Code. I also understand that violations of Taxi and Livery Services Code 272 and/or other laws may result in suspension or revocation of my license.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**An application for a Taxicab/Livery Driver's License in the City of Oneonta in accordance with Chapter 272, Article II of the Code of the City of Oneonta.**

**\*\*ALL FIELDS MUST BE COMPLETED BY APPLICANT FOR APPLICATION TO BE PROCESSED\*\***

Check One: Taxicab Driver \_\_\_\_\_ Livery Vehicle Driver \_\_\_\_\_ Both \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Known by any other Name: \_\_\_\_\_

Place of Residence: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (If different from above)

Residence for last 5 years: \_\_\_\_\_  
 (If different from above)

Driver for which Company? \_\_\_\_\_

**City Clerk's Office requires notification of any change in employment status within 24 hours of change.**

**Personal Information:**

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

United States Citizen? No \_\_\_\_\_ Yes \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Green Card Number: \_\_\_\_\_

Previous Employment \_\_\_\_\_  
 \_\_\_\_\_

**Driver License Information: License # \_\_\_\_\_ Class: \_\_\_\_\_**

Current/Prior suspensions/revocations of driver's license? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

Current/Prior Traffic Convictions? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

**DWI/DWAI History:**

Arrest with a pending case? \_\_\_\_\_

If convicted, Date? \_\_\_\_\_

Disposition: \_\_\_\_\_

**\*\*ALL FIELDS MUST BE COMPLETED BY APPLICANT FOR APPLICATION TO BE PROCESSED\*\***

Current/Prior Criminal Convictions Case? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant in a Pending Criminal Case? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Neither a prior conviction nor a pending criminal charge is an automatic bar to issuance of a license. Each case is considered on its own merits.**

**Any interaction with law enforcement that requires court system contact, either by mail or in person, will be reported by the above licensed driver to the City Clerk’s office and to the Company for which you drive within 24 hours of initial contact.**

**APPLICANT SIGNATURE/NOTARY STATEMENT**

State of New York  
County of Otsego ss:  
City of Oneonta

I, \_\_\_\_\_ duly state that the information contained in this application for a taxicab and/or livery vehicle driver’s license is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant’s Signature

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

**City Clerk’s Office Use below Line**

Fee in the amount of \$ \_\_\_\_\_

Taxicab Driver License: \$50.00

Livery Vehicle Driver License: \$50.00

Accepted by \_\_\_\_\_  
City Clerk/Deputy City Clerk

Application Approved / Disapproved on: \_\_\_\_\_

**APPLICANT MUST COMPLETE *Release of Records* FORM ON NEXT PAGE.**



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**RELEASE OF RECORDS**

To: Any Court of Law, Law Enforcement Agency, Probation Department, United States Selective Service System, employer past or present, friends, or neighbors:

I, \_\_\_\_\_, have filed an application with the City of Oneonta for a license/permit. By this document I hereby authorize you to release to the City of Oneonta any records in your possession or any information as they may request from you, regarding my license/permit application.

Said information may include, but is not limited to, any documents or records in your possession, whether academic records or arrest and conviction records, (regardless of whether or not such records have been sealed by a Court Order), or any other record or document in your possession, as they may request and any and all records from the Oneonta Police Department, which will include records with seal orders, mental health issues and reports where your applicant was listed as a party therein.

Signed: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

United States Citizen? No \_\_\_\_\_ Yes \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Green Card Number: \_\_\_\_\_

**Neither a prior conviction nor a pending criminal charge is an automatic bar to issuance of a license/permit. Each case is considered on its own merits.**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

**Physical Examination Report**  
**Report Form MUST be returned by PHYSICIAN**  
**\*\*Release of Information below must be signed\*\***

**Part I - Applicant Section**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Work start date: \_\_\_\_\_ Company: \_\_\_\_\_

Any illness during the past three (3) years? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes please explain below)

Any serious injury, disease or operation? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes please explain below)

Any lab, chest x-ray, basal metabolism, or other test related to heart or lung function during the past three (3) years?

No \_\_\_\_\_ Yes \_\_\_\_\_ Please explain: \_\_\_\_\_

Any Worker's Compensation claims? No \_\_\_\_\_ Yes \_\_\_\_\_ Please explain: \_\_\_\_\_

***RELEASE of INFORMATION***

***PLEASE PRINT-*** Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**I hereby authorize the doctor making this application to deliver this statement and the report identified in Part II below EITHER in the attached self-addressed envelope to the City Clerk of the City of Oneonta, 258 Main Street, Oneonta, New York 13820 OR by fax to (607) 433-3420:**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Part II – Physician Report**

(This section to be filled in and signed by the Physician)

Heart: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Hernia (actual or potential): \_\_\_\_\_ Edema of Legs: \_\_\_\_\_

Extremities (Arms): \_\_\_\_\_ Extremities (Legs): \_\_\_\_\_

Gastro-Intestinal Tract: \_\_\_\_\_ Urine: \_\_\_\_\_

Varicose Veins: \_\_\_\_\_ Hearing: \_\_\_\_\_

Eyes - Left: \_\_\_\_\_ Right: \_\_\_\_\_

Both: \_\_\_\_\_ Color Vision: \_\_\_\_\_

Date Physical performed: \_\_\_\_\_ Miscellaneous Comments: \_\_\_\_\_

**Doctor's Certification:**

**Accepted for work as a Taxicab/Livery Vehicle Driver: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_**

**If not Acceptable, please specify reason: \_\_\_\_\_**

**Signature of Physician: \_\_\_\_\_ Date signed: \_\_\_\_\_**