



**TOWN OF ISLIP**  
Office of the Town Clerk

**OLGA H. MURRAY**  
Town Clerk & Registrar

**Taxi Business License Application**  
**Fee: \$300**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**List below name and resident address of all officers, partners, directors and stockholders (if there be any other than that of the applicant):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_

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

Workers Compensation Compliance: Yes                      No                      Policy No#: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ and Phone: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Form C-105:    Yes                      No

**\*\* For Office Use Only \*\***

Application Date: \_\_\_\_\_

Business License: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_



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**List all Vehicles and Registered Owner of Each Vehicle**

REGISTERED OWNER	MAKE	MODEL	YEAR	SEATING CAP.	VEHICLE ID #	PLATE #

Deponent is an applicant for a Taxicab Business License from the Town of Islip;  
Deponent is aware that leasing vehicles is not allowed in the Town of Islip;  
Deponent is aware that New York State Worker's Compensation Insurance is required for a taxi business in the Town of Islip.  
Deponent swears, under oath, to the truth of the statements contained in this affidavit;

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN BEFORE ME THIS  
\_\_\_\_\_  
DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC