

LICENSE NO: _____

LICENSE FEE: _____

CONTRACT TRANSPORTER

DATE ISSUED: _____

RECEIPT NO: _____



City of Long Beach
Office of the City Clerk
1 West Chester Street, Long Beach, NY 11561 • (516) 431-1002

APPLICATION FOR CONTRACT TRANSPORTER

PLEASE PRINT

- ANY FALSE ANSWER OR STATEMENT MADE BY THE APPLICANT HEREIN CONSTITUTES PERJURY •
- FEE IS \$180.00 PER VEHICLE – TRANSFER/REPLACEMENT \$25.00•

CHECK ONE:
 NEW
 RENEWAL
 TRANSFER

BUSINESS (TRADE) NAME
CORPORATE NAME
BUSINESS ADDRESS
TELEPHONE NUMBER:
FAX NUMBER:

OWNER INFORMATION

PLEASE LIST OWNER(S) NAME / CORPORATE OFFICERS BELOW:

NAME	ADDRESS (STREET, CITY, STATE, ZIP)	DATE OF BIRTH	TITLE	TEL #

HAVE ANY OF THE ABOVE NAMED PERSONS:

(a) BEEN CONVICTED OF A CRIME? _____ IF YES, EXPLAIN: _____

(b) HELD LICENSES PREVIOUSLY? _____

(c) HAD A LICENSE REVOKED? _____

(d) HAD A LICENSE SUSPENDED? _____

VEHICLE INFORMATION

MANUFACTURER:	TYPE:	YEAR:	VIN NUMBER:	NYS PLATE:	NO. OF PASSENGERS:
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PUBLIC LIABILITY INSURANCE

COMPANY:	POLICY NO.:	DATE OF EXPIRATION:
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APPLICANT CERTIFICATION

ARE THERE ANY FACTS WHICH DIFFER FROM THE INFORMATION GIVEN LAST YEAR?	IF YES, PLEASE STATE:
<input type="checkbox"/> YES <input type="checkbox"/> NO	

In consideration of the granting of the license hereby called for, the applicant agrees that service of any paper, notice, letter, summons, complaint or legal process of any kind or nature may be made by the City of Long Beach, or any department thereof, upon the person, firm or corporation to whom such license is issued, by leaving a copy of any such paper, notice, letter, summons, complaint or legal process to the address herewith given, and it is further agreed by the applicant that he/she will conform with all the rules and regulations of the Police Department governing Contract Transporters.

Signature of Applicant

STATE OF NEW YORK)
COUNTY OF NASSAU) ss:

_____ being duly sworn, deposes and says: That he is the person who executed the above application, he acknowledges the same, and that the answers to questions and other statements contained herein are true to his own knowledge and belief.

SWORN TO BEFORE ME THIS _____

DAY OF _____, 20_____

Signature of Applicant

NOTARY PUBLIC

POLICE DEPARTMENT USE ONLY

VISUAL INSPECTION

DATE	PERFORMED BY:	RESULTS: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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MECHANICAL INSPECTION

DATE	PERFORMED BY:	RESULTS: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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APPROVAL

DATE	SIGNATURE OF HACK INSPECTOR:	RESULTS: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE
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