

**TOWN OF BETHEL
3454 ROUTE 55
P.O. BOX 300
WHITE LAKE, NY 12786**

PHONE: (845) 583-4350

FAX: (845) 583-4710

Date and Fee Paid: _____ **License #** _____

Date: _____

Name of Applicant _____

Address: _____

Business Name: _____

Business Address
: _____
(if different from above)

Date of Birth _____ Drivers License
No. _____

State of Driver's License Issue: _____ Type & Class of
License: _____

Vehicle Information: A \$50.00 licensing fee applies to each vehicle

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Seating Capacity</u>	<u>Plate #</u>	<u>Vehicle ID #</u>
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Has Taxi License ever been suspended or revoked: _____

I, _____ the undersigned, state the information I have given in the foregoing application is true to the best of my belief and knowledge.

Signature of Applicant

Approved By Town Board: _____ Date: _____

Signature of Town Clerk