



TOWN OF ISLIP
655 Main St., Islip, NY 11751

Linda D. Vavricka
Town Clerk & Registrar

Taxi Medallion Application

Fee: \$150

Registration and Insurance cards must accompany application

Applicant's Name: _____

Resident Address: _____

Business Name: _____ License No#: _____

Business Address: _____ Business Phone: _____

Email Address: _____ Fax: _____

VEHICLE INFORMATION

Make: _____ Model: _____ Color: _____

Year: _____ Seating: _____ Mileage: _____

License Plate No#: _____ Vehicle ID#: _____

Has this vehicle been previously used as a Taxicab? Yes No

If Yes, Where? _____

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

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

Application Date: _____

Medallion#: _____

Fee Paid: _____

Receipt #: _____

Check #: _____

Cash: _____