



CITY OF BEACON

POLICE DEPARTMENT

1 MUNICIPAL PLAZA, SUITE 3

BEACON, NEW YORK 12508

(845) 831-4111

Fax: (845) 838-5092



ACTING CHIEF OF POLICE
KEVIN JUNJULAS

APPLICATION TO LICENSE A TAXICAB WITH THE CITY OF BEACON

Please print all information.

Medallion #: _____

Business Information:

Name of Business: _____

Street (No PO Box): _____

City/State: _____

(Must be within a radius of five (5) miles from the City of Beacon)

Phone Number: _____

Vehicle ID Number: _____

Year: _____ Make: _____ Model: _____

Seating Capacity: _____ Years in Service: _____

NYS Plate No: _____ Cab No: _____

Applicant Information:

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____

Are you currently licensed to operate a taxi cab in the City of Beacon? Yes No

Has your taxicab license ever been suspended or revoked? Yes No

When? _____ Where? _____

Why? _____

Have you previously been licensed to operate a taxicab? Yes No

If so, when? _____ Where? _____

Please attach the following:

- Proof of a public liability insurance policy, written by an insurance company licensed to do business in the State of New York.
- Proof of business location.
- A schedule showing rates of fare to be charged to and from points within the City limits and to and from points outside City limits. In addition, thereto, said schedule shall set forth the amount charged for waiting time, any special charges, and amounts charged per mile outside the limits of the City of Beacon.
- Copy of trip sheet being used.

Signature of Applicant

Date

Kevin Junjulas, Chief of Police

Date

TAXICAB SAFETY INSPECTION

Name of Company: _____

	Pass	Fail	Remarks
Lights High/Low			
Directional/Emergency			
Tail Lights			
Brake Lights			
Horn			
Wipers			
Foot Brake			
Emergency Brake			
Tires/Spare			
Windows (Operable)			
Door Handles (Operable)			
Exhaust System			
Seat Belts			
Clean, Fit			
Good Appearance			
Painted/Varnished			
Taxicab Decal w/Beacon NY & #			
Lighted Rooftop Light			
Displayed Rate Sheet on Dash			
Trip Sheet			

To be completed by BPD Officer: _____

Vehicle Year: _____ Make: _____ Model: _____

VIN. _____ NYS Plate No. _____

Date of Inspection: _____ Pass Fail

Signature of Officer

Badge #