



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

**Linda D. Vavricka**  
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: \_\_\_\_\_