



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: _____