CITY OF BUFFALO
PERMIT & INSPECTION SERVICES
OFFICE OF LICENSES

TAXICAB or LIVERY License

1. Everyone applying for a Taxi/Livery plate must be licensed as a City of Buffalo Taxi Driver.

2. Copy of NYS Vehicle Registration

3. Certificate of Automobile Liability Insurance for this vehicle.
   a. The certificate holder must name the City of Buffalo, Office of Licenses, 301 City Hall, Buffalo, NY 14202 as the certificate holder with a ten (10) day cancellation clause.
   b. The description portion must include the vehicle’s year, make and VIN Number

4. Worker’s Compensation or Compensation Exemption Certificate
   a. When vehicle is exclusively owner-operated with no employees, submit Form CE-200, NYS Compensation Exemption Certificate. File online at www.wcb.state.ny.us or at a NYS Compensation Board, ex: 295 Main Street.
   b. When the vehicle is not exclusively owner-operated, submit Certificate of Workers’ Compensation Insurance naming the City of Buffalo, 301 City Hall, Buffalo, NY 14202 as the certificate holder with a ten (10) day cancellation clause.

5. Certification for a New York State Taxi Plate
   a. Bring your registration card to the Office of Licenses and obtain a MV 289 Form.
   b. Obtain a Taxi or Livery Plate from the NYS Dept of Motor Vehicles, 110 Pearl Street.

6. Vehicle Inspection Report from Police Department (Meter Check)
   a. The maximum allowable vehicle age is 10 years from the most current licensing year.
   b. Call 851-4411/851-4581 for a meter check with the Police Department.
   c. After the meter check, bring completed application form to the Office of Licenses.

7. License Fees
   a. Taxi $115.00
   b. Livery $75.00

Office of Licenses
65 Niagara Square / 301 City Hall
Buffalo, NY 14202-3303
(716) 851-4078 / FAX: (716) 851-4952
TAXI OR LIVERY APPLICATION

Type of Entity:  □ Corporation    □ Partnership
Check type:    □ Taxi Cab    □ Livery
                □ Medallion Transfer    □ Car to Car Transfer

Business Name (dba) ____________________________ Business Phone ________-

Business Street Address: ____________________________

Business Mailing Address: ____________________________

NYS Tax ID # ________ Business Website ____________________________ E-Mail Address: ____________________________

Owner and Other Principal Partner (attach additional pages if required)

Name (last, first) ___________________________________________ Home Phone ________-

Home Address: (PO Box not acceptable) ____________________________

Dispatcher Name (Livery) ____________________________ Dispatcher Phone: ( ) ________-

Dispatcher Address: ____________________________

VEHICLE INFORMATION

VIN Number ____________________________ NYS Plate Number ________

Year ________ Make & Model ____________________________ Color ________ Tire Size ________

Taxi/Livery Meter # and Make ____________________________ Vehicle exclusively owned? □ Yes □ No

Subscribed and sworn to and before me this ______ day of ________ 20 ______

Commissioner of Deeds in and for the City of Buffalo, New York

I am aware of the obligation to provide timely notice of any changes in required information, and I have informed all owners, managers, or other principals of their criminal and/or civic responsibility for the timely fulfillment of all restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business. Initial ______

As an authorized agent of the entity identified above, I certify the information provided on this form is true, correct, complete and current to the best of my knowledge and belief.

Authorized Original Signature ____________________________

Print Name ____________________________

Date: ____________________________