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**
   a. The maximum allowable vehicle age is 10 years from the most current licensing year.
   b. Office of License will set up inspections on completion of paper work

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 / (716) 851-6583 FAX: (716) 851-4952

CITY OF BUFFALO - BUSINESS LICENSE APPLICATION

65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202
Phone (716) 851-4078 / (716) 851-6583 Fax (716) 851-4952

TAXI OR LIVERY APPLICATION

For office use only
Application # _____
City Plate # _____
Date_____

Type of Entity: ☐ Corporation ☐ Partnership
Check type: ☐ Taxi Cab ☐ Livery
☐ **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 _____ Tablet Serial # _____

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**

_____ _____ _____