VILLAGE OF SPRING VALLEY

Senator Eugene Levy Municipal Plaza
200 North Main Street
Spring Valley, New York 10977

www.villagespringvalley.org

Schenley Vital
Mayor

Yisroel Eisenbach
Deputy Mayor
Joseph Gross
Trustee
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Trustee
Yakov Y. Kaufman
Trustee

TO: All Taxi Drivers

FROM: Village Clerk's Office

RE: Taxi Driver **(Hack)** License Application / *Solicitud de licencia de taxista* ***(Hack)***

Attached is an application for your Taxi Driver's License. Please fill out the application and submit it to the office of the Village Clerk as soon as possible.

- **The fee for this license is $125.00, *and it is non-refundable*. The fee must be paid either by money order or bank check. Cash, Personal Checks or Credit Cards will not be accepted.**
- ***La tarifa por esta licencia es de $125.00 y no es reembolsable. La tarifa debe pagarse mediante giro postal o cheque bancario. No se aceptará efectivo, cheques personales ni tarjetas de crédito.***

- **Two passport type photographs, 1.5" head and do not wear a hat. Machine photographs are not acceptable.**
- ***Dos fotografías tipo pasaporte, cabeza de 1.5" y no usar sombrero****. No se aceptan fotografías a máquina.*

- **Valid New York State driver's license, Class A, B, C, or E, Cannot be Class D.**
- ***Licencia de conducir válida del estado de Nueva York, Clase A, B, C o E. No puede ser Clase D.***

- **Social Security Card**. ***If you need INS verification for work, you must show an Employment Authorization Card.***
- ***Tarjeta de seguro Social. Si necesita verificación del INS para trabajar, debe mostrar una Tarjeta de autorización de empleo.***

- "***Abstract of Driving Record***". **This document must be an original Department of Motor Vehicles copy and cannot be more than two months old at the time of its submission. A $7.00 fee is required by the Department of Motor Vehicles for them to process the application.**
- ***"Resumen de Antecedentes de Conducción". Este documento debe ser una copia original del Departamento de Vehículos Motorizados y no puede tener más de dos meses de antigüedad al momento de su presentación. El Departamento de Vehículos Motorizados exige una tarifa de $7.00 para procesar la solicitud.***

- **No DMV Application can be given until your HACK License is APPROVED.**
  (No se puede dar ninguna solicitud del DMV hasta que se apruebe su licencia HACK)

Complete the portion regarding criminal record, traffic tickets paid or unpaid **within the past 18 months,** and indicate whether your New York State driver's license has ever been revoked or suspended, even if it has been reinstated at this time. The application also requires the signature of your doctor, and it must be notarized.

Complete la parte relativa a antecedentes penales, multas de tráfico pagadas o no pagadas en los últimos 18 meses e indique si su licencia de conducir del estado de Nueva York alguna vez ha sido revocada o suspendida, incluso si ha sido reinstalada en este momento. La solicitud también requiere la firma de su médico y debe estar certificada ante notario.

If your Hack License is lost or stolen, you will have to pay a replacement fee of $100.00.
Si pierde o le roban su licencia Hack, tendrá que pagar una tarifa de reemplazo de $100.00.

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[**Added 7-22-2003 by Local Law No. 2-2003**]

The Board of Trustees hereby designates Main Street from Route 59 to Maple Avenue as a no parking zone for taxicabs, whether on or off duty. It shall be unlawful for taxicabs to stand, stop or park in this zone other than to load or discharge passengers, except where specially permitted.

Signs shall be posted in the areas on Main Street from Route 59 to Maple Avenue designating where taxicabs may stand, stop or park as indicated.

The Spring Valley Police Department or Spring Valley Parking and Traffic Enforcement personnel shall have the right to cause any taxicab which stands, stops or parks on Main Street from Route 59 to Maple Avenue in violation of this section to be towed at the expense of the owner and/or operator.

TAXICAB (HACK) DRIVER'S APPLICATION

Effective: January 1, 2026 - December 31, 2026
Fee: $125.00 – NON- REFUNDABLE - MONEY ORDER or BANK CHECK ONLY

New_____ Renewal _____ Date Issued _____ Village License No. _____

Name of Applicant: (First) _____ (Last) _____

Home Address _____ Apt. No. _____

P. O. Box _____ City _____ State _____ Zip Code _____

Cell Phone No. _____ Home Phone No._____

Email Address _____

Please Check one: A.) Dispatched by [ ] _____ Base Tel: _____

B.) D/B/A (Doing Business As) [ ] _____ Base Tel: _____

Date of Birth _____ Height _____ Weight _____

Color of Hair_____ Color **of Eyes** _____

Drivers License No. _____ Social Security No. _____

CRIMINAL RECORD

Were you ever convicted of a crime or violation? If yes, list below. Yes [ ] No [ ]
¿Alguna vez fue condenada por un delito o violación?

Have you received traffic tickets *anywhere* in the past 18 months? If yes, list below. Yes [ ] No [ ]
¿Ha recibido multas de tráfico en algún lugar en las últimas 18 meses?

Have you ever had your driver's license revoked or suspended? If yes, list below. Yes [ ] No [ ]
¿Alguna vez le han revocado o suspendido su licencia de conducir?

Date	*Place*	*Charge*	*Disposition*

Note: You must provide complete, accurate and truthful answers to all questions on this application, even if you gave this information on prior applications. In addition to criminal penalties, making a false statement or failing to provide accurate information may result in denial of a Village license.

If your application is denied, you will have to submit another application and pay another filing fee.
Si su solicitud es denegada, tendrá que presentar otra solicitud y pagar otra tarifa de presentación.

MEDICAL CERTIFICATION

THIS FORM MUST BE NOTARIZED BEFORE THE SUBMITTANCE.
ESTE DOCUMENTO DEBE SER CERTIFICADO ANTES DE SER NOTARISADO ANTES DE ENTREGARLO.

This is to certify that I have examined _____ and certify that he/she is mentally and physically fit to safely operate and drive a public taxi at the present time.

Doctor's Signature_____ _____

Print Doctor's Name_____

Doctor's Address_____

_____

Doctor's License No._____

Verification of this instrument is made pursuant to Section 100.30 (d) of the Criminal Procedure Law. I know that a false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

STATE OF NEW YORK}
} S.S.
COUNTY OF ROCKLAND}

I, _____ attest, and say that I am the individual making the foregoing application, and that the answers and other statements contained therein are true to the best of my knowledge.

Sign In Front of Notary

Signature _____

Print Name_____

Notary Public _____

Attested to before me this _____ date of _____,