



Taxi Commission  
**Town of  
Ramapo**  
237 Route 59  
Suffern New York 10901  
(845) 357-5100

The Town of Ramapo Town Code, requires any person, firm, corporation or entity owning, controlling the use of, or engaged in the business of operating one or more taxicabs/vehicle for hire upon the streets of the Town must obtain an Operating License from the Town.

Ramapo Town Code §255-7 requires an application for an Operating License be made by the owner to the Town Clerk's office. Enclosed please find an Operating License Application for year 2025. Please refer to the enclosed application checklist indicating the required documents and fees to be included in your application package. Ramapo Town Code §255-12 requires the applicant provide a certificate of insurance, identifying the Town of Ramapo as the certificate holder. Please refer to the checklist for required insured amounts. You must also provide a certificate of Worker's Compensation Insurance.

**Please be advised, the Town will not issue Operating/Driver licenses to your employees for year 2025 until your company is in compliance.** In addition, you may be subject to fines and penalties as set forth in § 255-27.

Please submit your completed application packet the Town Clerk's office as soon as possible to commence the licensing process.

Very truly yours,

*Amy Mele*

Amy Mele  
Assistant Town Attorney  
Town of Ramapo



# Town of Ramapo Taxi Business Operating License Application

## Business Information

Legal Name of Insured  
Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Employer Identification Number (EIN) : \_\_\_\_\_

## Business Owner Information

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Owner Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Owner Social Security  
Number: \_\_\_\_\_

Owner  
Date of Birth: \_\_\_\_\_

Check here if you are also a driver for your company

## Contact Person

Check here if same as business owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Dispatch Center Information**

Dispatch Center Name: \_\_\_\_\_

Dispatch Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Owner/Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dispatch Center Name: \_\_\_\_\_

Dispatch Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Owner/Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dispatch Center Name: \_\_\_\_\_

Dispatch Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Owner/Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Attach additional locations on a separate page if needed

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that failure to comply with Town of Ramapo Local Law §255 may lead to suspension or revocation of my Operating License.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Town of Ramapo Taxi Business Operating License Application Checklist

**Your complete application package including the items below must be submitted to the Ramapo Town Clerk's office.**

**Incomplete application packets will not be processed and will be returned via mail.**

## **Application Requirements:**

- Completed Application (Pages 1 & 2)
- Certificate of Liability Insurance (See attached example on Page 4)
  - Town of Ramapo must be listed as the Certificate Holder
  - Description of Operations must indicate insurance is "Primary to the Town"
  - Requirements
    - \$100,000 for a Single Injury
    - \$300,000 for Injuries to more than one person
    - \$50,000 for Property Damages
- Copy of Company Owner's Driver's License
- List of Employed Drivers
- Copy of Rockland County Business License
- Workers' Compensation Certificate of Insurance
- \$150.00 Certified Check or Money Order Payable to "Ramapo Town Clerk"  
(Background Screening Fee- No Personal Checks Accepted)
- \$200 Payment for Business Operating License Application Fee  
(Cash, Personal Check, Certified Check, or Money Order Accepted)

## **Submit Application Packets to:**

Ramapo Town Clerk's Office  
237 Route 59  
Suffern, NY 10901



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<p>[Your Insurance Company's Name and Address]</p>	<p><b>CONTACT NAME:</b> _____</p> <p><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____</p> <p><b>E-MAIL ADDRESS:</b> _____</p>
<p><b>INSURED</b></p> <p>[Your Company's Name and Address]</p>	<p style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b> <span style="float: right;"><b>NAIC #</b></span></p> <p><b>INSURER A:</b> _____</p> <p><b>INSURER B:</b> _____</p> <p><b>INSURER C:</b> _____</p> <p><b>INSURER D:</b> _____</p> <p><b>INSURER E:</b> _____</p> <p><b>INSURER F:</b> _____</p>

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
A							MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
	OTHER:						PRODUCTS - COMP/OP AGG \$
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 100,000
X	<b>ANY AUTO</b>						BODILY INJURY (Per person) \$ 100,000
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ 100,000
							PROPERTY DAMAGE (Per accident) \$ 50,000
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$100,000
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 300,000
	DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A							\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The Town of Ramapo is included as an Additional Insured, and the insurance is Primary to the Town of Ramapo.

<p><b>CERTIFICATE HOLDER</b></p> <p>Town of Ramapo 237 Route 59  Suffern 10901</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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