

CITY OF KINGSTON POLICE DEPARTMENT

Application for _____ LICENSE

APPLICATION
No.

Date _____, 19__

Name _____
(First) (Middle) (Last)

Address _____

Place of Birth _____ Date of Birth _____

Marital Status _____ Social Security No. _____

Do you own a Firearm? _____ If so, Describe _____

Were you ever Arrested? _____ If Yes, List All Arrests Below:

(Date)	(Charge)	(Police Agency)	(Disposition)
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Name Last Three Places of Employment:

(From)	(To)	(Name and Address)
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Character References:

(Name)	(Address)	(Occupation/Business)
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— READ AND SIGN —

I understand that the Chief of Police may at any time in his discretion, **Revoke** any license issued under the Ordinance "TO LICENSE AND REGULATE CAB-MEN IN THE CITY OF KINGSTON" for any "Reasonable Cause" and may suspend such license during an investigation as prescribed under Section 5 of said Ordinance.

Conviction of a violation of this Ordinance or Penal Law, Offense or Vehicle and Traffic Law shall be considered sufficient cause for revocation.

Signed: _____

(See Other Side)

How long have you resided in Kingston or Ulster County? _____

Are you going in Business for yourself? _____ If Yes, Give Name and Address of Company

Are you going to drive for someone else? _____ If Yes, Give Name and Address of Company

My Chauffeur License No. is _____

STATE OF NEW YORK, }
COUNTY OF ULSTER, } ss.:
CITY OF KINGSTON, }

I, _____, being duly sworn, depose and say that I am the above named person and do hereby certify that all answers to the foregoing questions on this application are true to the best of my knowledge and belief Also that I am aware of the responsibilities and obligations of the license I seek and the possibility of having said license revoked by the Chief of Police.

Signed: _____

Sworn to before me, this _____

day of _____, 19____

Commissioner of Deeds
in and for
the City of Kingston, N. Y

POLICE INVESTIGATION REPORT

I recommend: (Approval) (Conditional Approval) (Disapproval)

(name)

(official title)

(date)

REASONS FOR DISAPPROVAL, IF ANY:

