



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 2026 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:

Town Attorney'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).

[Your Insurance Company's Name and Address]

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

[Your Company's Name and Address]

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					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 \$
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 100,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$ 100,000
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$ 100,000
	<input type="checkbox"/> HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$ 50,000
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$100,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 300,000
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				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.

CERTIFICATE HOLDER

CANCELLATION

Town of Ramapo

237 Route 59

Suffern

10901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE