

APPLICATION FOR TAXICAB OWNERS LICENSE

1. Name_____

2. Address_____

2a. Length of time applicant has resided in the
State of N.J._____

3. Place of Birth_____

4. Citizen of United States Yes_____ No_____

5. List employers and places of employment over last 5
years.

Dates

To_ From

Name of Employer

Address

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Married____ Widowed____ Divorced____ Single____

7. Have you ever been charged with, arrested for, or
convicted or any crime or other violation_____

8. Have you ever been previously licensed to operate a
taxicab_____

9. If yes, state when and where_____

10. Has any license to operate a taxicab ever been
previously revoked or suspended_____

11. If so, state cause:_____

12. Name and type of vehicle for which license is desired

13. Length of time the vehicles have been in use_____

14. Number of persons the vehicle is suitable for
carrying_____

15. Motor number of vehicle_____

16. Serial number of vehicle_____

17. If owner is operating under corporate name, list
location of office and any branch offices_____

List all officers and stockholders and attach information
for each as per questions 1 thru 11.

18. If owner is a Co-partnership, all information to
above questions must be answered by each partner.

Signed

Sworn and subscribed
Before me this day of 20 .

PLEASE SUBMIT A COPY OF YOUR INSURANCE POLICY.

Inspected by Police Department

by_____

Fee: \$25.00 per cab
 (Separate Application For Each Cab)

Fee Received_____

BOROUGH CLERK